

JAN 10 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

43009  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
(b) Township..... Primary Registration District No. **1008**  
(c) City **ST. LOUIS MO.** (d) Street No. **MISSOURI PACIFIC** Registered No. **11259** St.  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

(a) Residence, No. **1612 BIG BEND RD.** St. **Mo.**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **MALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **MARRIED**  
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF **AMELIA SCHMIDT**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **JULY 3-1895**  
7. AGE YEARS **42** MONTHS **5** DAYS **2** If LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Sheet metal**  
9. Industry or business in which work was done, as saw mill, bank, etc. **worker**  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation **95**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ST. LOUIS, MISSOURI**

13. NAME **HENRY J. SCHMIDT**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ST. CHARLES, MISSOURI**

15. MAIDEN NAME **ELIZABETH KAMP**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY**

17. INFORMANT (ADDRESS) **AMELIA SCHMIDT, 1612 BIG BEND RD.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **CALVARY CEM** DATE **DEC 9, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **E. J. Schmur, 3125 Lafayette av.**

20. FILED **DEC 7 1937** **J. Brudeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 5, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **11-30**, 19**37**, to **12-5**, 19**37**

I last saw him alive on **12-5**, 19**37**. Death is said to have occurred on the date stated above, at **12:40** m.

The principal cause of death and related causes of importance were as follows:

**carcinomatosis of stomach & intestines, tract primary seat unknown**

Other contributory causes of importance:

**46 B**

Name of operation **Exploratory laparotomy** Date of **12-4-37**

What test confirmed diagnosis? **clinical** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) **H. R. Atterton** M. D. (Address) **Massena Maple Knip.**

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1-X12004

50M-7-37

481

STATEMENT BY LICENSED EMBALMER

I, James Gullivan, Licensed Embalmer No. 2260  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by James Gullivan

L. E.  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed James Gullivan  
Licensed Embalmer No. 2260

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**