

JAN 24 1938

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

Do not use this space.

1. PLACE OF DEATH

9/6 County..... St. Louis Co. Registration District No. 333  
Township..... St. Ferdinands Ferguson Primary Registration District No. 4468  
City..... Florissant Mo. (No.       ) ..... Florissant Mo. St. .... Ward)

File No. 46618  
Registered No. 235

2. FULL NAME..... Christ Schiermeier

(a) Residence, No. Howdershell Rd. St. .... Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Clara Schiermeier  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19 Th 1853  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 74 10 10

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 29 Th 1937  
22. I HEREBY CERTIFY That I attended deceased from December 28 Th 1937 to December 29 Th 1937.  
I last saw him alive on December 27 Th 1937. Death is said to have occurred on the date stated above, at 9 a. m.  
The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

Toxic Portion of Stomach  
Other contributory causes of importance: 4/6  
Arteriosclerosis  
Date of onset

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
13. NAME Ferdinand Schiermeier  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
15. MAIDEN NAME Catherine Schiermeier  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

Name of operation None Date of         
What test confirmed diagnosis? X.R. etc. Was there an autopsy? No

17. INFORMANT Catherine Schiermeier (ADDRESS) Florissant Mo.

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.

18. BURIAL, CREMATION, OR REMOVAL PLACE Secret Hegdt Cem. DATE Dec, 31 St 37

Manner of injury ✓  
Nature of injury ✓

19. UNDERTAKER (ADDRESS)       

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify         
Signed W. A. Zeitler, M. D.  
(Address) Florissant Mo.

20. FILED Dec 30 1937 W. A. Zeitler Registrar

W. B. Smith

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

