

0 1938

REC'D AUG 9 1938

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

26502

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township Rich Heights Primary Registration District No. 111 Registered No. 1288
(c) City Rich Heights (d) Street No. St. Mary's Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. 2 mos. 3 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Rev. Casimir G. Schmidt

(a) Residence, No. Harvey & Emerson, Ave. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 4/1881.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 3 25

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

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Max Schmidt

14. BIRTHPLACE (CITY OR TOWN) Unk.
(STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Theresa Wirth

16. BIRTHPLACE (CITY OR TOWN) Unk.
(STATE OR COUNTRY) Germany

17. INFORMANT Max Schmidt
(ADDRESS) 840 De Soto, Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary, Cem. DATE Aug. 1/ 1938

19. FUNERAL DIRECTOR (NAME) Bromschwig
(ADDRESS) 4746 W. Florissant Ave.

20. FILED JUL 30 1938 J. H. Meyer, M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29/ 1938.

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1937 to July 29 1938

I last saw him alive on July 28 1938 Death is said to have occurred on the date stated above, at 12:05 AM.

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

Congestive Heart Failure Date of onset 1938
Hypertensive Cardiac
Arteriosclerotic Renal Disease 1936

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) J. H. Meyer, M.D.

(Address) Harvey & Emerson, Ave.

STATE OF TEXAS
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed. *Ray W Wilkinson*

Licensed Embalmer No. 3575

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.