REC'D FEB 11 1939

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

Do not use this space.

1. PLACE OF DEATH
County Jefferson
Township Valle
City DeSoto, Mo. (No. ..... St. ..... Ward)

Registration District No. 420
Primary Registration District No. 5574

File No. 2751
Registered No. 2

2. FULL NAME 536 Leo Russel Joseph Schmitt
(a) Residence, No. De Soto, Mo. Rt 1 St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 21, 1938
7. AGE YEARS MONTHS 1 DAYS 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child.
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeSoto Mo.

FATHER
13. NAME Arthur L. Schmitt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fenton Mo.

MOTHER
15. MAIDEN NAME Catherine Kuhn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Luxenburg Mo.

17. INFORMANT (ADDRESS) Arthur L. Schmitt DeSoto, Mo. Route 1
18. BURIAL, CREMATION, OR REMOVAL
PLACE DE SOTO MO DATE 1/5 1939
19. UNDERTAKER (ADDRESS) Daniel J. Mahn DE SOTO MO
20. FILED 2/4 1939 Jeneva Donnell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4, 1939.
22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1939, to Jan. 4, 1939.
I last saw him alive on Jan. 3, 1939. Death is said to have occurred on the date stated above, at 5 30/4 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Aptitis Media	1-1-39

Other contributory causes of importance:

Name of operation None Date of
What best 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? No
If so, specify
(Signed) Karl V. McAnistry, M. D.
(Address) DeSoto, Mo.

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.