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.

THIS IS A PERMANENT RECORD

APR 12 1939

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

791
1003

9228
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No.

(b) Township Primary Registration District No. Registered No. 2993

(c) City St Louis 1 (d) Street No. 4303 Linton Ave 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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
5 32

2. PRINT FULL NAME Angalas J Schmitz

(a) Residence, No. 4303 Linton Ave St. 9
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9 Th 1873

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
65 -------	8 --	20 --	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Badler
9. Industry or business in which work was done, as saw mill, bank, etc. Owner
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) ILL 1

FATHER
13. NAME Otto H Schmitz 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 1

MOTHER
15. MAIDEN NAME Maria Wefler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Catherine Schmitz
(ADDRESS) 4303 Linton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE April 1 St 37

19. FUNERAL DIRECTOR (NAME) Edward Mark
(ADDRESS) 3516 N. 14th St St Louis Mo

20. FILED MAR 30 1939 J. E. Buchek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 29 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1935 to Mar 29, 1939
I last saw him alive on Mar 16, 1939 Death is said to have occurred on the date stated above, at 7.9 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	5+ yrs
Other contributory causes of importance:	
Arteriosclerosis Chr.	5+ yrs

Name of operation — Date of
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) Albert J Mozel, M. D.
(Address) 2739 No Grand Blvd

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 1591

P. O. Address 4106 9 Boston

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.)

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