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.

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

16817
Do not use this space.

REC'D JUN 12 1939

2

1. PLACE OF DEATH

(a) County ..... Registration District No. .....

(b) Township or City St, Louis Primary Registration District No. ..... Registered No. 4351

(c) City ..... (d) Street No. 4332 Taft Avenue 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 44 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 530 FRANZ JOSEPH SCHMITT

(a) Residence, No. 4332 Taft Avenue St. 15 (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: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 16, 1877

7. AGE: YEARS 62 | MONTHS 0 | DAYS 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mill-wright
9. Industry or business in which work was done, as saw mill, bank, etc. planing mill
10. Date deceased last worked at this occupation (month and year) Jan. 1, 1939
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tipton, Missouri

FATHER
13. NAME: Andrew Schmitt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tipton, Missouri

MOTHER
15. MAIDEN NAME: Katherine Houndhausen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Alvina C Schmitt, 4332 Taft Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE SS Peter & Paul DATE 5/11/39 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): OSCAR J. HOFFMEISTER, 4016 Chippewa St.

20. FILED MAY 10 1939 J B Bradock Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/8/39, 19

I HEREBY CERTIFY, That I attended deceased from May 1, 1936, to May 8, 1935

I last saw him alive on May 8, 1935. Death is said to have occurred on the date stated above, at 5:10 p m.

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

	Date of onset
Carcinoma of Stomach	

Other contributory causes of importance: 46

Name of operation Gastro-intestinal Date of May 1936

What test confirmed diagnosis? ..... Was there an autopsy? 2W

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) [signature] M. D.
(Address) 3600 S. 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 Howard F. Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis, Mo

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.