

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

Do not use this space.

31285

1. PLACE OF DEATH

County St Charles Registration District No. 757
~~County St Charles~~ Primary Registration District No. 2036
 City St Joseph (Name St Joseph Hospital) St. 2 Ward)

File No. _____
 Registered No. 153
 _____ St. 2 Ward)

2. FULL NAME

George Edward Schmiermeier
 (a) Residence. No. 12 Maple St. St. Charles
 (Usual place of abode) (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

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) Nov 13 - 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
26 | 10 | 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farming
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St Charles
 (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Edward Schmiermeier

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Charles
 (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Mina Bange

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Charles
 (STATE OR COUNTRY) Mo

14. INFORMANT Edmund Schmiermeier
 (Address) St Charles Mo

15. FILED NOV 28 1927 19. 27 Oct Beckman's REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 9 - 1927

I HEREBY CERTIFY, That I attended deceased from Sept 30, 1927, to Oct 9, 1927, that I last saw him alive on October 9, 1927, and that death occurred, on the date stated above, at 3 P.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Typhoid Fever

CONTRIBUTORY (SECONDARY) Hypertensive Pneumonia
 (duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: No knowledge
 DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Lab exam + Physical
 (Signed) B. S. Gossow, M. D.

Oct 10, 1927 (Address) 200 Clay St St Charles Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Friedens Cem. St Charles Mo DATE OF BURIAL Oct 12 - 1927
 20. UNDERTAKER Steinbrinker Funeral Co ADDRESS St Charles 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.

Dr. Garrison (Jr)

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