

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

Do not use this space.

27660

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1004

City St. Louis (No. St. Marys)

S. N. F. L. C. M. A. R. Y. 1536 St. Papias St. Ward

File No.

Registered No. 7479

2. FULL NAME

Joseph Schmitz
(a) Residence No. 2007 College St., 89 Ward.

(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) MAY 1ST 1911

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,	hrs.	or	min.
<u>21</u>	<u>-</u>	<u>3</u>	<u>14</u>				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician 32.01

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Emerson Elec Co

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) MO 1

13. NAME George Schmitz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

15. MAIDEN NAME Sophia Dennis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

17. INFORMANT George Schmitz
(ADDRESS) 2007 College Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Aug 17th 1932

19. UNDERTAKER Edmond Koch
(ADDRESS) 3512 N. 4th St

20. FILED AUG 16 1932 W. O. Parker
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-15-1932

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1932, to Aug. 15, 1932
I last saw him alive on Aug 1st, 1932 Death is said to have occurred on the date stated above, at 7:10 A.M.

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

Septicemia
(Streptococcus viridans)
in pseudocarditis acuta
chronic
phlegmatic fever
Date of onset 7/25/32

Other contributory causes of importance:
Chronic

Name of operation None Date of

What test confirmed diagnosis? Blood Culture Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

Where did injury occur?

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. E. Mason M. D.
(Address) 1536 Papias St

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.

