

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791  
1008

27021  
Do not use this space.

REC'D SEP 12 1938

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City St. Louis, (d) Street No. Alexian Bros. Hospital 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.

2. PRINT FULL NAME

Henry J. Schmidt

(a) Residence, No. 2814 Osage St. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jennie Schmidt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
54 7 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cigar Salesman  
 9. Industry or business in which work was done, as 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) St. Louis, Mo. 0

FATHER 13. NAME William Schmidt 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo. 1

MOTHER 15. MAIDEN NAME Mary Buggle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Red Bud, Ill.

17. INFORMANT (ADDRESS) Jennie Schmidt  
2814 Osage St.

18. BURIAL, CREMATION, OR REMOVAL PLACE SS. Peter and Paul Cem. DATE Aug. 10, 1938

19. FUNERAL DIRECTOR (ADDRESS) J. H. Siskew & Co.  
2842 Meramec Sy.

20. FILED AUG 9 1938 J. B. Budeck  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7 1938

22. I HEREBY CERTIFY, That I attended deceased from July 30 1938 to Aug 7 1938

I last saw him alive on Aug 7 1938 Death is said to have occurred on the date stated above, at 11 49p m.

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

Acute Peritonitis Date of onset 7-29-38

Other contributory causes of importance: Ruptured Gastric Ulcer 7-29-38

Name of operation Laparotomy Date of 7-30-38  
 What test confirmed diagnosis? Specimen Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: no  
 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 Waterbury, M. D.  
 (Signed) Waterbury  
 (Address) 3318 S Grand

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50M-20-37 I X12004

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.

STATEMENT BY LICENSED EMBALMER

I, Herman A. Gebken, Licensed Embalmer No. 2120

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

Herman A. Gebken

Licensed Embalmer No. 2120

**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.)**