

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

Do not use this space.

JAN 10 1935

1. PLACE OF DEATH.

County..... Registration District No. **791**
Township..... Primary Registration District No. **1008**
City **St. Louis** (No. **1441**, **Cass Ave**) St. Ward)

File No.
Registered No. **45049**
St. Ward) **12203**

2. FULL NAME

(a) Residence, No. **1441 Cass Ave** St. **26** Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Katherine Schmersall**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 12 - 1885**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
49 10 12

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Cass Ave Bowling alley**

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**

13. NAME **Charles Schmersall**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

15. MAIDEN NAME **Not known**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not known**

17. INFORMANT **Katherine Schmersall** (ADDRESS) **1441 Cass Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Dec 27 1934**

19. UNDERTAKER (ADDRESS) **Arthur J. McLo** **2707 21/2** **Luana**

20. FILED **1934** **Jan 20** **1934** **Joe J. Brebeck** Registrar.

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 24 1934**

22. I HEREBY CERTIFY, That I attended deceased from **AM Dec 24**, 19**34**, to, 19.....
I last saw him alive on **Dec 24**, 19**34** Death is said to have occurred on the date stated above, at **8:30 am**:
The principal cause of death and related causes of importance were as follows:

Acute Nephritis probably **1/16/34** due to chronic alcoholism
75B

Other contributory causes of importance: **1934 75a**

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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? **no.**
If so, specify
(Signed) **Allen N. Roe** M. D.
(Address) **2712 1/2 N. 14th 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.

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