

Kentucky Post - May 11, 1937

Michael T. Schmidt

Requiem High Mass for Michael T. Schmidt, salesman for the French-Bauer Co., Cincinnati, will be sung at 9 a. m. Thursday at Holy Cross Church, Covington, following services at 8:30 a. m. at the John Middendorf Sons' Funeral Home, Covington. Burial will be in Mother of God Cemetery.

Mr. Schmidt, a resident of Covington most of his life, died Monday at his home, 212 East Southern avenue, Covington, following an illness of several months. He was 49. He formerly was employed as conductor for the Cincinnati Street Railway. He was a member of the Sacred Heart Court No. 1326, Catholic Order of Foresters.

He leaves his widow, Mrs. Emma Schmidt; two sons, Paul and Michael Jr.; a daughter, Margaret Schmidt, all of Covington; three sisters, Mrs. Richard Moeller and Marilda Schmidt, both of Bellevue, and Sister of Liberata, St. Mary Hospital, Quincy, Ill.; and six brothers, Fred Schmidt, Bellevue; William and Frank Schmidt, both of Covington; Joseph Schmidt, Newport, and Robert and Carl Schmidt, both of Covington.

Form V. S. 1-A
COMMONWEALTH OF KENTUCKY
 Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County Henton Registration District No. 190 File No. 14029
 Inc. Town _____ Primary Registration District No. 2290 Registered No. _____
 City Covington (No. _____ St. _____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Michael P. Schmidt
 (a) Residence. No. 1212 Cent. Southern St. _____ Ward _____ (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					MEDICAL CERTIFICATE OF DEATH				
3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			21. DATE OF DEATH <u>May 10, 1937</u>				
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Emma Moeller</u>					22. I HEREBY CERTIFY That I attended deceased from <u>March 15, 1937</u> to <u>May 10, 1937</u> I last saw <u>him</u> alive on <u>May 8, 1937</u> death is said to have occurred on the date stated above, at <u>5:10 a.m.</u> The principal cause of death and related causes of importance in order of onset were as follows:				
6. DATE OF BIRTH <u>June 27, 1887</u>					<table border="1"> <tr> <td rowspan="2"> 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Salesman</u> </td> <td>Date of onset</td> </tr> <tr> <td><u>1937</u></td> </tr> </table>		8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Salesman</u>	Date of onset	<u>1937</u>
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Salesman</u>	Date of onset								
	<u>1937</u>								
7. AGE Yrs. <u>49</u> Months <u>10</u> Days <u>13</u> If LESS than 1 day.....hrs. or.....min.	9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>East. Bay Bm</u>				11. Total time spent in this occupation <u>Ohio</u>				
10. Date deceased last worked at this occupation (month and year)					Contributory causes of importance not related to principal cause: <u>Chronic Schrosis - hypertension</u>				
12. BIRTHPLACE <u>Bellemeir, Ky</u>					Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____				
13. NAME <u>Michael Schmidt</u>					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.				
14. BIRTHPLACE <u>Ohio</u>					Manner of injury _____				
15. MAIDEN NAME <u>Katherine Foltz</u>					Nature of injury _____				
16. BIRTHPLACE <u>Henton, Ky</u>					24. Was disease or injury in any way related to occupation of deceased? <u>no</u> , specify _____				
17. INFORMANT <u>Mrs. Emma Schmidt</u> (Address) <u>212 Cent. Southern</u>					(Signed) <u>AC Rung</u> M. D. (Address) <u>1631 Sycamore St. Cincinnati, Ohio</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Mary's</u> Date <u>May 12, 1937</u>					19. UNDERTAKER <u>John M. Thompson</u> (Address) <u>147 1/2 W. Main St. Covington</u>				
20. DATE OF DEATH <u>MAY 14 1937</u>					Registrar. <u>Ma. H. C. O'Keefe</u>				

MARGIN RESERVED FOR BINDING
 N. B. WRITE PLAINLY, WITH READING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.