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.

DEC 3 1936

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

Do not use this space.

42588

File No. 11095

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. 650 Rosedale Ave. St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Fred Schmitt, Jr.

(a) Residence, No. 1337 N. Kingsland Ave. St. N R Ward. University City.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Melba Schmitt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 21st, 1893

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
42	11	14	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Schmitt Material 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) St. Louis, Mo.

FATHER

13. NAME Fred Schmitt

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

MOTHER

15. MAIDEN NAME Amelia Asbach

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs. Melba Schmitt 1337 N. Kingsland Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lake Charles Cem DATE Nov. 7th, 1936

19. UNDERTAKER (ADDRESS) Drehmann Narral 1905 Union Blvd.

20. FILED NOV 6 1936 J. S. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

Sound dead

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5th, 1936

22. No Physician in attendance I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11 30 A. m.

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

Date of onset

Third Degree Burns of body and limbs with carbonization of limbs face and arms, due to clothing becoming

Other contributory causes of importance:

ignited during a fire at the Fred Schmitt Material Co. St. Louis Mo. Burning Bldg (apertion destroyed)

Name of operation Accident Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accid Date of injury 11/5, 1936

Where did injury occur? St Louis, Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Industry

Manner of injury Burning Bldg

Nature of injury Third degree burns of body

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify Deceased was supt of above company

(Signed) Harold [illegible], M. D.

(Address) [illegible]

MAR 7 1948