

N. B.—Every item of information should be fully 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.

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

32616  
Do not use this space.

#### 1. PLACE OF DEATH

(a) County St. Louis Registration District No. 291  
(b) Township St. Louis Primary Registration District No. 1003  
(c) City St. Louis (d) Street No. 3943 Schiller Place Registered No. 8670  
(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 Charles H. Schmitt

(a) Residence, No. 3943 Schiller Place St. 15  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

#### PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary M. Schmitt (nee Thomas)  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26th, 1864  
7. AGE YEARS 73 MONTHS 6 DAYS 17 If LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stationary Engineer  
9. Industry or business in which work was done, as saw mill, bank, etc. Building Trades  
10. Date deceased last worked at this occupation (month and year) 1917 11. Total time (years) spent in this occupation 25 years

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

13. NAME Peter Schmitt  
14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

15. MAIDEN NAME Eliz. Bohlinger  
16. BIRTHPLACE (CITY OR TOWN) St. Louis Mo. (STATE OR COUNTRY)

17. INFORMANT Theo. A. Schmitt (ADDRESS) 3943 Schiller Place.

18. BURIAL, CREMATION, OR REMOVAL PLACED IN OLIVE DATE Sept 16, 1937

19. FUNERAL DIRECTOR HENRY L. WEIDENFELDER (ADDRESS) 6703 GRAVOIS AVE.

20. FILED SEP 15 1937 St. Louis Local Registrar

#### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13th, 1937  
22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1937 to Sept 13, 1937  
I last saw him alive on Sept 13, 1937 Death is said to have occurred on the date stated above, at 730 a.m.  
The principal cause of death and related causes of importance were as follows:

Chronic arterio sclerosis  
Chronic myocarditis  
Date of onset June 1937

Other contributory causes of importance:  
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 \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Adam G. Youngman, M. D.  
(Address) 5439 Gravois

STATEMENT BY LICENSED EMBALMER

I, Henry L. Fridemüller, Licensed Embalmer No. 7693

hereby certify that the body recorded on the reverse side of this certificate was embalmed by H. L. Fridemüller

L. E.

No. .... or by .....  
working under my personal supervision.

Registered Apprentice No. ....

Signed

Licensed Embalmer No. ....

**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.)**