

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32704

Do not use this space.

Registered No. 8758

OCT 14 1937

1. PLACE OF DEATH

(a) County Registration District No. 1008
 (b) Township Primary Registration District No.
 (c) City St. Louis (d) Street No. 1035 Goodfellow Ave. 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 Robert L. Schmedel

(a) Residence, No. 1035 Goodfellow Ave. St. 5
 (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 (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6, 1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 20 7 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student
 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) Richmond Heights.
 (STATE OR COUNTRY) Missouri.

13. NAME Hiram L. Schmedel
 14. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri.

15. MAIDEN NAME Inez Shettes
 16. BIRTHPLACE (CITY OR TOWN) Illinois
 (STATE OR COUNTRY)

17. INFORMANT H. L. Schmedel
 (ADDRESS) 6421 Lloyd Ave.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Sunset Burial Park DATE Sept. 18, 1937

19. FUNERAL DIRECTOR Robert J. Ambruster
 (ADDRESS) Clayton Rd. at Concordia Lane.

20. SEP 20 1937 J. J. Bradech Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/21/37, 19, to 9/16/37, 19.

I last saw him alive on 8/16/37, 19. Death is said to have occurred on the date stated above, at 9:50 p.m., 9/16/37

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

Carcinoma of Sigmoid Colon
 Date of onset
 HUC

Other contributory causes of importance:

Name of operation Colostomy Date of 7/12/37
 What test confirmed diagnosis? Was there an autopsy? No.

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

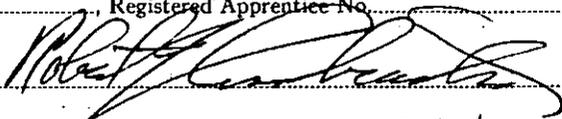
24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify
 (Signed) Dean Sawyer, M. D.
 (Address) 620 Missouri Bldg.

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.

3-1-000

STATEMENT BY LICENSED EMBALMER

I, Robert J. Ambruster, Licensed Embalmer No. 1994
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Edward L. Bockhorst
L. E.
No. 2502 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed 
Licensed Embalmer No. 1994

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.)