

DEC 12 1938

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

37532
Do not use this space.

1. PLACE OF DEATH

(a) County..... 3 Registration District No..... 791
(b) Township..... Primary Registration District No..... 1003
(c) City St. Louis (d) Street No. Baden Hotel 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

Frank Michael Schmit
(a) Residence, No. 3805a Wyoming St. St. 16
(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26, 1881

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 7 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as saw mill, bank, etc. Baden Hotel
10. Date deceased last worked at this occupation (month and year) 11-15-38 11. Total time (years) spent in this occupation.....

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

FATHER 13. NAME Michael Schmit
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France 7

MOTHER 15. MAIDEN NAME ROSA Binz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

17. INFORMANT (ADDRESS) Mrs. Anna E. Schmit 3805a Wyoming St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. Crematory DATE 11-16 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kriegshauser Mortuary 4228 So. Kingshighway

20. FILED NOV 17 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-13 19 38

22. 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. 5:45 m. P.M.

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

Arteriosclerosis.
Chronic Nephritis.

Date of onset

Other contributory causes of importance: 131
Name of operation..... 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?..... 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..... See above
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify Alfred Perry
(Signed) Alfred Perry M.D.
(Address) Alfred Perry

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed *Reinhold K. Lohmann*

Licensed Embalmer No. *3395*

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.