

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20409

State File No. _____

Registrar's No. **5253**

Registration District No. _____
791
1008

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5715 Milentz Avenue 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. 5715 Milentz Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME William F. Schmidt

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 20 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>3</u>	<u>21</u>	_____ hr. _____ min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Butcher 6

11. Industry or business Retired

12. Name William F. Schmidt 6

13. Birthplace Germany 6
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Gruen

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature William Schmidt, Jr. - Son

(b) Address 5715 Milentz Avenue, St. Louis, Mo

17. (a) Burial (b) Date thereof June 12, 1938
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L.

(b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) JUN 12 1938 (b) _____
(Date recorded and registered) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th
year 1939 hour 3:30 minute A. M.

21. I hereby certify that I attended the deceased from Dec 5, 1936, to June 10, 1939;

that I last saw him alive on June 9, 1939;

and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis 2 years
Duration

Due to _____

Due to _____

Other conditions Hypertension
(Include pregnancy within 6 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(e) While at work? _____
(Specify type of place) (Means of injury)

28. Signature Chas C. Paule (M. D. or other) 1

Address 7806 S. Broadway Date signed 6-10-39

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 Linus C. Hoffmeyer
Licensed Embalmer No. 3871
P. O. Address 7814 S Broadway

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.