

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

REGD JUL 12 1939

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

20852  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791  
 (b) Township 1 Primary Registration District No. 1008 Registered No. 5696  
 (c) City St. Louis (d) Street No. Deaconess Hosp. 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

(a) Residence, No. 530 still born, Schmitt  
- 8231 Garfield St. NR Virita Park  
 (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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 14, 1939</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.				11. Total time (years) spent in this occupation
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)				
12. BIRTHPLACE (CITY OR TOWN) <u>St. Louis, Missouri</u> (STATE OR COUNTRY)				
13. NAME <u>Raymond Julius Schmitt</u>				
14. BIRTHPLACE (CITY OR TOWN) <u>St. Louis, Missouri</u> (STATE OR COUNTRY)				
15. MAIDEN NAME <u>Mary Heach</u>				
16. BIRTHPLACE (CITY OR TOWN) <u>St. Louis, Missouri</u> (STATE OR COUNTRY)				
17. INFORMANT <u>Mrs R. J. Schmitt (Father)</u> (ADDRESS) <u>8231 Garfield</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>CITY CEMETERY</u> DATE <u>6-29-39</u>				
19. FUNERAL DIRECTOR <u>Ira Hamilton</u> (ADDRESS) <u>City Health Dept.</u>				
20. FILED <u>JUN 28 1939</u> <u>J. D. [Signature]</u> Local Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>about 6-14-39</u>	
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 <u>6:22 a</u> m.	
The principal cause of death and related causes of importance were as follows: <u>stillbirth</u> <u>caused by psychomotor</u> <u>reprints of mother</u> <div style="float: right; border: 1px solid black; padding: 2px;">Date of onset <u>4/11/39</u></div>	
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 _____	
24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) <u>L. A. Mullikin</u> , M. D. (Address) <u>2608 S. Kingshighway</u>	

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

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

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

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.)**