

20879

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

JUL 12 1939 791

Registration District No. 1003

Primary Registration District No. _____

Registrar's No. 5723

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: 3003 Cass Ave 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 life
years, months or days

3. (a) PRINT FULL NAME Joseph L. Schmidt

3. (b) If veteran, name war NONE

3. (c) Social Security No. 492-01-7014

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

6. (b) Name of husband or wife Benedette 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Sept 1886
(Month) (Day) (Year)

8. AGE: Years 52 Months 9 Days 18 If less than one day hr. _____ min. _____

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

10. Usual occupation Shoe worker

11. Industry or business _____

MOTHER FATHER { 12. Name Jacob Schmidt

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

14. Maiden name Elizabeth Hummer

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. H. Kruger

(b) Address 3674 Fallmore St.

17. (a) Burial (b) Date thereof June 30 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director A. How L + H. C.

(b) Address 2707 N. Grand Blvd

19. (a) JUN 28 1939 (b) J. P. [Signature]
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3003 Cass Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1939 hour 8 minute 8 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

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

Immediate cause of death Mitral Stenosis
Edema of Brain

Due to _____

Due to _____

Other conditions 920
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations _____

Of autopsy See Above

Underline the cause to which death should be charged statistically X

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? _____

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

23. Signature Joseph M. [Signature] (b) Date signed 6/28
(M. D. or other) Address _____

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.

MISSOURI STATE BOARD OF HEALTH - MAKE A PERMANENT RECORD

1939

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..... *Paul F. Rosenberry*

Licensed Embalmer No. *2631*

P. O. Address *2707 McDaniel*

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.