DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D AUG 11 1939 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23946

Registration District No. 1003 Primary Registration District No. Registrar's No. 6219

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: St. Luke's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 3

(d) Street No. 6240 Marmaduke Ave (If rural, give location)

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

3. (a) PRINT FULL NAME Joseph Schmitter 536

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 Widower

6. (b) Name of husband or wife Late Marie Schmitter

6. (c) Age of husband or wife if alive years

7. Birth date of deceased January (Month) 26 (Day) 1864 (Year)

8. AGE: Years 75 Months 5 Days 16 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Unemployed 7

11. Industry or business 7

MOTHER FATHER

12. Name Joseph Schmitter 7

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

14. Maiden name Unknown Miriasson

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

16. (a) Informant's own signature Josephine Schmitter

(b) Address 6240 Marmaduke Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-39 (Month) (Day) (Year)

(c) Place: burial or cremation Kold St. Peter & Paul's

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway

19. (a) JUL 14 1939 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12th year 1939 hour 7:30 P.M. minute M.

21. I hereby certify that I attended the deceased from June 1, 1939, 19, to July 12th, 19 39, that I last saw him alive on July 12th, 19 39, and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration 2 weeks

Due to arteriosclerosis, generalized arteriosclerosis of kidneys

Due to advanced age

Other conditions prostatic hypertrophy (Include pregnancy within 3 months of death) pulmonary emphysema, non tuberculous

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Major findings: Of operations

Of autopsy generalized arteriosclerosis arteriosclerotic kidneys, prostatic hypertrophy, etc.

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? (Specify type of place) No

While at work? (e) Means of injury

23. Signature Geo. A. Leib (M. D. or other)

Address 2323 Lafayette Ave. Date signed 7/13/39

(Licensed Embalmer's Statement on Reverse Side)

WHITE PAPER ONLY—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.

1 X19511

2323 Lafayette Ave.
1-1-80* 12:30-1:30 & 5-7 P.M.

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. Lahrsmann

Licensed Embalmer No. 3395

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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