

No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23989**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **6434**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days 1
(Specify whether years, months or days)

In this community 38 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Frank Schmidt 530

(b) If veteran, name war ----

(c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Anna Schmidt

(c) Age of husband or wife if alive 60 years

7. Birth date of deceased January 31, 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	62	5	29	hr. min.

9. Birthplace Hungary 7
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business 7

MOTHER FATHER { 12. Name Joseph Schmidt

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

14. Maiden name Unknown

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

16. (a) Informant X Anna Schmidt

(b) Address 4519 Morganford

17. (a) Burial (b) Date thereof 8/1/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset, Burial Park

18. (a) Signature of funeral director Wacker-Jeldorke

(b) Address 2331 S. Broadway

19. (a) JUL 31 1940 (b) J. F. Bredeck
(Date of burial or registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")

(d) Street No. 4519 Morganford
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1940 hour 3 minute 10 p. a. m.

21. I hereby certify that I attended the deceased from July 17 1940 to July 29 1940
that I last saw him alive on July 29 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes mellitus 10 yrs
Duration

Due to Gangrene left leg 12 days

Due to _____

Other conditions MI
(Include pregnancy within 3 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? _____

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

23. Signature Adam G. Youngman (M. D. or other)
Address 2439 Elmwood Date signed 7/30/40

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 Robert Wheeler

Licensed Embalmer No. 2129

P. O. Address St Louis mo

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.