

Registration District No. 791 Primary Registration District No. _____

FILED DEC 11 1940

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3250 N. 20th St.
(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 _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 26
(If outside city or town limits, write "RURAL")
(d) Street No. 3250 N. 20th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Charles Schmidt Sr.
3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 26th.
year 1940 hour 8:35 minute P.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Emma (deceased) 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 25 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 23, 1940, to Nov 26, 1940
that I last saw h. alive on Nov 26, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
79 11 1 hr. min. 0

Immediate cause of death Cardio-renal
Due to arterial regurgitation
arterial sclerosis
senility
Other conditions _____
(Include pregnancy within 3 months of death)

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

10. Usual occupation Retired

11. Industry or business Plasterer.

12. Name William Schmidt

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

14. Maiden name Don't know

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

16. (a) Informant Mrs. Hazel Hogan

(b) Address 3250 N. 20th St.

17. (a) Burial. (b) Date thereof Nov. 29, '40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters' cemetery.

18. (a) Signature of funeral director Brockland Und. Co.

(b) Address 1827 HOGAN, STR.

19. (a) NOV 28 1940 (b) [Signature]
(Date received local registrar) (Signature)

Major findings: _____
Of operations _____
Of autopsy _____

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 Nicholas J. Stellars (M. D. or other)
Address 1007 Cass Date signed 11-27-40

Duration Probably 20 years.

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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, *Ray W. Wilkinson*

Licensed Embalmer No..... *3575*

P. O. Address.....

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, fact should be so stated above.