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No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8949

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2359

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Louis City Hospital #1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo. 6 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 0 0016

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3462 Tennessee 8
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Rudolph Schmidt

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Lilly Schmidt

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased May (Month) 12 (Day) 1868 (Year)

8. AGE: Years 72 Months 10 Days 1 If less than one day hr. min.

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

10. Usual occupation Unemployed

11. Industry or business

MOTHER FATHER

12. Name Adolph Schmidt

13. Birthplace (City, town, or county) 4 Germany (State or foreign country)

14. Maiden name Mary Frahm

15. Birthplace (City, town, or county) 4 Germany (State or foreign country)

16. (a) Informant Lilly Schmidt

(b) Address 3462 Tennessee

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3/15/41 (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Schumacher Bros.

(b) Address 3013 Meramec

19. (a) MAR 14 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13, year 1941 hour 2:25 minute P.M.

21. I hereby certify that I attended the deceased from February 4, 1941 to March 13, 1941; that I last saw him alive on March 13, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of neck with extension into esophagus	about 9 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations paralysis left vocal cord
Carcinoma in esophagus
Of autopsy Carcinoma in neck including thyroid and defect in wall of esophagus

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

22. If death was due to external cause, 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)

While at work? (e) Means of injury

23. Signature Edward H. Lyman (M.D. or other)

Address 1515 Lafayette Ave., Date signed 3/13/41

(Licensed Embalmer's Statement on Reverse Side)

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 George N. Buchanan, Registered Apprentice No. ..... working under my personal supervision.

Signed George N. Buchanan

Licensed Embalmer No. 2906

P. O. Address 3013 Miami

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

If this body is not embalmed, fact should be so stated above.