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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. 9131

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2541

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Days (Specify whether
In this community
years, months or days)

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. 2152a Victor St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME NICHOLAS F. PETER SCHMIDT

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

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

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

7. Birth date of deceased September 12, 1854
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
86	6	6	hr. min.

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

10. Usual occupation retired salesman

11. Industry or business

FATHER
12. Name Jacob Schmidt
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Katherine Knieling
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Edgar J. Schmidt
(b) Address 3015 S. 13th St.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3-21-41 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Witt Bro. L & N Co
(b) Address 2929 S. Jefferson Ave.

19. (a) MAR 21 1941 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18, year 1941 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from March 10, 1941 to March 18, 1941; that I last saw him alive on March 18, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Chronic myocarditis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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)
While at work? (e) Means of injury

23. Signature M. M. Karl (M. D. or other)
Address 1515 Lafayette Avenue. Date signed 3/19/41

(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 Paul A. Shanklin Registered Apprentice No. ..... working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 2929 S. Jefferson

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.