

1-4-41
5-17-39
I 22890

FILED MAY 9 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15769

Registration District No. 789

Primary Registration District No. 101

Registrar's No. 740

1. PLACE OF DEATH:

(a) County St. Louis

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

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

(d) Length of stay: In hospital or institution 11 days
(Specify whether years, months or days)

In this community 11 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Affton
(If outside city or town limits, write "RURAL")

(d) Street No. 7929 Rock Hill
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Henry Schmidt

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
year 1941 hour 6 minute 15 A. M.

21. I hereby certify that I attended the deceased from 3-23-41
to 4-3-41
that I last saw him alive on 4-3-41
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Schmidt 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Jan. 26 1874
(Month) (Day) (Year)

Immediate cause of death Apoplexia

Due to Arteriosclerosis

Other conditions 83 or 1

Major findings:
Of operations _____
Of autopsy _____

8. AGE: Years 67 73 Months 2 Days 8 If less than one day hr. min.

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

10. Usual occupation truck gardening

11. Industry or business _____

MOTHER FATHER { 12. Name Henry G. Schmidt

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

{ 14. Maiden name Unknown

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

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? _____

16. (a) Informant Mary Schmidt

(b) Address 7929 Rock Hill

17. (a) cremation (b) Date thereof 4/5/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director John L. Ziegenhein

(b) Address 7207 Gravois

19. (a) APR 4 1941 (b) R. Meyer
(Date received local registrar) (Registrar's signature)

23. Signature B. J. Stehler (M. D. or other) _____
Address _____ Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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

16
2
3

96
0
0

Duration
11 days
15 yrs

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

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..... *C. P. Kidwell*
Licensed Embalmer No. *3877*
P. O. Address..... *7027 Gravois*

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.