

MAY 9 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1578A

Registration District No. 784

Primary Registration District No. 104

Registrar's No. 703

1. PLACE OF DEATH: Saint-Louis
 (a) County Saint-Louis
 (b) City or town Ferguson
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
139 Hereford
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 46
 (a) State Missouri (b) County St. Louis
 (c) City or town Ferguson
(If outside city or town limits, write "RURAL") 6
 (d) Street No. 139 Hereford
(If rural, give location) 2
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Rudolph Schmitz

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Helene Schmitz 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 17, 1852
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>89</u>	<u>--</u>	<u>20</u>	_____ hr. _____ min.

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

10. Usual occupation Clothing Mfg. (retired)

11. Industry or business _____

12. Name Albrecht Schmitz

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

14. Maiden name Wolff

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

16. (a) Informant Dr. Edgar F. Schmitz

(b) Address 139 Hereford, Ferguson, Mo.

17. (a) Cremation (b) Date thereof April 7, '41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Craig Mortuary

(b) Address 4468 Washington

19. (a) APR 7 1941 (b) T R Meyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
 year 1941 hour 7 minute a. m.

21. I hereby certify that I attended the deceased from Jan _____, 1941, to April _____, 1941;
 that I last saw him alive on March 31, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute coronary occlusion Sudden

Due to General arteriosclerosis 10 years

Due to Chronic myocarditis 5 yrs. or more

Other conditions A3a

Major findings: Of operations none done

Of autopsy none done

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? _____

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

23. Signature Walter Baumgartner (M. D. or other) D
 Address 3720 Washington Ave Date signed Apr 7, 41

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.

NO EMBALMING

Signed *Philip M. Lewis*

Licensed Embalmer No. *3281*

P. O. Address *4468 Washington*

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.