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39
26390

FILED AUG 28 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1413 Bremen Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 1
years, months or days)

3. (a) PRINT FULL NAME John F. Schmidt

3. (b) If veteran, name war..... 3. (c) Social Security No. 488-01-4458

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

6. (b) Name of husband or wife Apolinia Schmidt 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Dec. 15, 1887
(Month) (Day) (Year)

8. AGE: Years 54 Months 6 Days 22 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Cabinet Worker

12. Name Stephan Schmidt

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

14. Maiden name Mary Schmalzer

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

16. (a) Informant Apolinia Schmidt

(b) Address 1413 Bremen

17. (a) Burial (b) Date thereof July 9 Th 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edward Koch

(b) Address 3516 N. 14 Th Str

19. (a) JUL 7 1941 (b) J. F. Buech
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1413 Bremen Avenue
(If rural, give location)
(e) Citizen of foreign country Yes (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1941, hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from October 1941
to July 6 1941
that I last saw him alive on July 6 1941
and that death occurred on the day and hour stated above

Immediate cause of death Cerebral thrombosis 8 days
of cerebral pneumonia

Due to Diabetes Mellitus 5 yrs.

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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 Louis Hoppel (M. D. or other) 0

Address 2142 Broadway Date signed 7-7-41

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.

Signed Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Lemay

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

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