

FILED OCT 18 1941

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Luthern Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day**
In this community **73 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Mo**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **28 17**
(d) Street No. **225 Lafayette Ave** (If rural, give location) **7**
(e) Citizen of foreign country? _____ (Yes or No) **0**
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **28** th.
year **1941** hour **5** minute **45** P.M.

21. I hereby certify that I attended the deceased from **9-22-41**
1941 to **9-28-41** 1941;
that I last saw him alive on **9-28** 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to **1) Myocardial Infarction**
2) Chronic Myocarditis
3) Circulation of liver
Due to _____

Other conditions _____
(Include pregnancy within 8 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 **John Dee Susank** (M.D. or other) **0**
Address **2000 St. Louis way** Date signed _____

3. (a) PRINT FULL NAME **Louis C. H. Schmidt**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Mary** 6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **January 3 1868**
(Month) (Day) (Year)

8. AGE: Years **73** Months **8** Days **25** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Huckster**

11. Industry or business **Market Stand**

12. Name **Christ Schmidt**

13. Birthplace **St. Louis Missouri** (City, town, or county) (State or foreign country)

14. Maiden name **Anna Moss**

15. Birthplace **Unknown Illinois** (City, town, or county) (State or foreign country)

16. (a) Informant **Mary Schmidt**

(b) Address **225 Lafayette Ave.**

17. (a) **Burial** (b) Date thereof **10-1-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
New St. Marcus

18. (a) Signature of funeral director **John Deane**
3634 Gravois Ave.

19. (a) **SEP 7 1941** (Date received local registrar) (b) **J. J. Bredich** (Registrar's signature)

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

20
17
9

P

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

Robert Crohels

Licensed Embalmer No.

2128

P. O. Address

St Louis Mo

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.