

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis
(c) Name of hospital or institution: City Sanitarium 2
(d) Length of stay: In hospital or institution. 29 yrs. 6 mos. 6 dys.
In this community. 6 yrs. 21 days. 6 mos. 6 dys.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 009 19
(c) City or town St. Louis 13 0 23
(d) Street No. 913 Geyer Ave
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Fred Schmaltz

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife single 6. (c) Age of husband or wife if alive - years
7. Birth date of deceased Oct. 17, 1880

8. AGE: Years 61 Months - Days 21 If less than one day hr. min.

9. Birthplace St. Louis Missouri

10. Usual occupation Shoe cutter

11. Industry or business

MOTHER FATHER { 12. Name Mike Schmaltz
13. Birthplace Unknown Germany
14. Maiden name Louise Bollinger
15. Birthplace Unknown New York

16. (a) Informant R. Seggendor
(b) Address 5300 Arsenal

17. (a) Burial (b) Date thereof 11/10/41
(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Salvatore...
(b) Address 3013 Meramec

19. (a) NOV 10 1941 (b) J. F. Buddeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7
year 1941 hour 5:15 minute A. M.

21. I hereby certify that I attended the deceased from 7-1-41, 1941, to 11-7-41, 1941;
that I last saw him alive on 11-7-41, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 11-7-41x
Due to Hydro-Nephrosis 11-7-41x

Due to -
Other conditions -
(Include pregnancy within 3 months of death)

Major findings: Of operations Yes. Of autopsy Yes.

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? -

23. Signature Hubert P. Smith (M.D. or other) 11/7/41
Address 5400 Arsenal Date signed 11/7/41

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

12. 1. 13
12. 1. 13

STATE OF MASSACHUSETTS
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS

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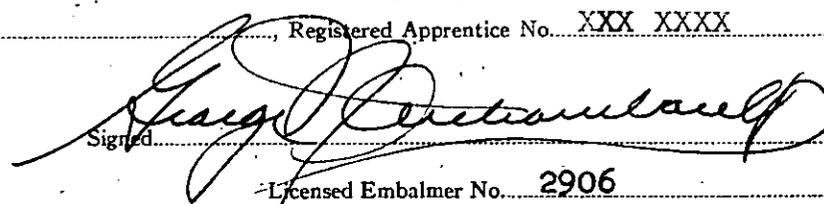
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault

Registered Apprentice No. **XXX XXXX**

working under my personal supervision.

Signed 

Licensed Embalmer No. **2906**

P.O. Address **3013 Mearns St.**

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.