

No. 7  
1-4-41  
-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 23 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 43081

Registration District No. 784

Primary Registration District No. 117

Registrar's No. 113

1. PLACE OF DEATH:

(a) County ST. LOUIS  
(b) City or town WEBSTER GROVES  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
35 PLANT AVE. / W.G.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS  
(c) City or town WEBSTER GROVES  
(If outside city or town limits, write "RURAL")  
(d) Street No. 35 PLANT AVE.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13  
year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....  
....., 19....., to....., 19.....;  
that I last saw h..... alive on....., 19.....;  
and that death occurred on the date and hour stated above.

Immediate cause of death Natural Causes  
Chronic Myocarditis

Duration

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy Yes

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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 H. Pappas  
Address Kirkwood, 1-14-42 Date signed.....

3. (a) PRINT FULL NAME PAUL A. SCHMIED

3. (b) If veteran, name war..... 3. (c) Social Security No. 492-03-5854

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M /

6. (b) Name of husband or wife CATHERINE SCHMIED 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased JANUARY 25 1877  
(Month) (Day) (Year)

8. AGE: Years 64 Months 11 Days 18 If less than one day hr. min.

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

10. Usual occupation ENGRAVER

11. Industry or business WOODWARD-TIERMAN PRINTING CO

12. Name LEO SCHMIED

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

14. Maiden name MARY ORTMANN

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

16. (a) Informant Catherine Schmidt

(b) Address 35 PLANT AVE. W.G.

17. (a) BURIAL (b) Date thereof JAN. 15. 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SALVARY CEMETERY

18. (a) Signature of funeral director M. J. Crocker

(b) Address 7146 MANCHESTER AVE.

19. (a) JAN 14 1942 (b) L. M. Hagan, Md  
(Date received local registrar) (Registrar's signature)

787 (Licensed Embalmer's Statement on Reverse Side)

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

0-x2

096  
9  
0

96  
74

DEC 23 1942

**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 *Walter H. Burnley*  
Licensed Embalmer No. *43026*  
P. O. Address.....

**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.**