

FILED FEB. 24 1942
7911

Registration District No. _____ Primary Registration District No. 1003

Registrar's No. 838

I. 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:
York Hotel 6th & Market 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 54 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3003a Sidney St.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

8. (a) PRINT FULL NAME Fred J. Schmidt

3. (b) If veteran, name war World war B. (c) Social Security No. 499-05-4956

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

6. (b) Name of husband or wife Frieda 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased June 16 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>7</u>	<u>10</u>	hr. _____ min.

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

10. Usual occupation Commerical Agent

11. Industry or business _____

MOTHER FATHER

12. Name Frederick Schmidt
13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Louise Fender
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Frieda Schmidt
(b) Address 3003 a Sidney St.

17. (a) Burial (b) Date thereof 1/29/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Wadek Helms & Per Co.
(b) Address 3634 Gravoys Ave

19. (a) JAN 27 1942 (b) J. F. Budick
(Date of filing) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26
year 1942 hour 11:50 minute _____ P. M.

21. I hereby certify that I attended the deceased from July 1 1941 to Jan 26 1942
that I last saw him alive on Jan 26 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Duration 6 mo

Due to _____
Due to _____

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

Major findings: Of operations None
Of autopsy None

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 B. E. Ellis (M. D. or other)
Date signed 1-27-42

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

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 Wheeler

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, above space should be left blank.