

FILED FEB 24 1942 91

Registration District No. _____ Primary Registration District No. _____

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: On way to hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community: Unknown
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Clair
(If outside city or town limits, write "RURAL")

(d) Street No. 3868 Delou St
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME Fred P. Schmidt

(b) If veteran, name war No.

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3 rd. year 1942 hour 2:15 minute 0 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife: Emily

(c) Age of husband or wife if alive: 55 years

7. Birth date of deceased: April 28 1880
(Month) (Day) (Year)

Immediate cause of death: Coronary Occlusion
Coronary Sclerosis

Due to _____

Due to _____

8. AGE: Years 61 Months 8 Days 6 If less than one day _____ hr. _____ min.

Other conditions: DM
(Include pregnancy within 3 months of death)

Major findings: DM
Of operations _____

Of autopsy: aut

9. Birthplace: unknown Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation: Stationary Engineer

11. Industry or business _____

MOTHER FATHER { 12. Name: Unknown

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

14. Maiden name: Unknown

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

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) _____ Means of injury _____

16. (a) Informant: Emily Schmidt

(b) Address: St. Clair Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 7-1942
(Month) (Day) (Year)

(c) Place: burial or cremation: Valhalla Cemetery

23. Signature: [Signature] (M. D. or other) _____
Address: [Signature] Date signed: 1/6/42

18. (a) Signature of funeral director: [Signature]

(b) Address: 3634 Gravois Ave

19. (a) JAN 6 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

100
17
9

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.....

Frank J. Myland
.....
Licensed Embalmer No. *2645*
.....

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.