

S. No. 2
1-14-41
7-17-39
X28390

3658

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 184

Primary Registration District No. 220

Registrar's No. 304

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Wallerston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Vincent's Sanitarium 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town Vanita Park 0
(If outside city or town limits, write "RURAL")

(d) Street No. 8115 Monroe Street 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME John Schmit

3. (b) If veteran, name war No

3. (c) Social Security No. 355-05-3633

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 9
year 1942 hour 10 minute 00 P M.

21. I hereby certify that I attended the deceased from Jan. 14
1942 to Feb. 9 1942
that I last saw him alive on 2-9-42 1942
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 7 1859
(Month) (Day) (Year)

Immediate cause of death Malignant Tumor of Mandible

Due to _____

Due to 45d

8. AGE: Years 82 Months 8 Days 2
If less than one day hr. - min.

Other conditions General Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: Psychosis

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Shipping Clerk

11. Industry or business National Enameling & Stamping Co.

12. Name John Schmit

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

14. Maiden name Barbara

15. Birthplace Germany
(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)

(e) Means of injury _____

23. Signature Shepherd (M. D. or other) M.D.
Address 17300 St. Charles Date signed 2/9/42

16. (a) Informant Mrs. Caroline Pecher

(b) Address 8115 Monroe Street

17. (a) Burial (b) Date thereof Feb 12-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Robert S. Stupert

(b) Address 1225 Union Blvd

19. (a) FEB 11 1942 (b) H. Mc Harris
(Date received by registrar) (Registrar's signature)

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

General F. H. ...

12-42

109

FEB 21 1942

FEB 12 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.....

James Dinkley

Licensed Embalmer No.....

3653

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.