V. S. No. 2
1—11-10-39
ev. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4916

FILED MAR 17 1942

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 1263

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

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Alexian Brothers Hospital
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 9. 080 17
(c) City or town St. Louis (If outside city or town limits write "RURAL")
(d) Street No. 4140a W. Florissant. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

8. (a) PRINT FULL NAME William Schmitt

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

7. Birth date of deceased Aug. 18. 1861 (Month) (Day) (Year)

8. AGE: Years 80 | Months 5 | Days 20 | If less than one day hr. min.

9. Birthplace Smithon Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Inspector Railroad
11. Industry or business

MOTHER FATHER
12. Name John Schmitt
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Helen Emery
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elinore Bertschi
(b) Address Eureka, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/11/42 (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Peter Paul
18. (a) Signature of funeral director Sullivan's
(b) Address 2849 N. Euclid
19. (a) FEB. 10 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8th year 1942 hour 5 minute am. M.

21. I hereby certify that I attended the deceased from Feb. 25th, 1942, to Feb. 8th, 1942, that I last saw him alive on Feb. 8 — 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute fibro-purulent pericarditis —	2 weeks
Due to Diabetes Mellitus —	6 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death) Chronic Pyelonephritis and lithiasis —	3-6 yrs

Major findings:
Of operations
Of autopsy Acute fibro purulent pericarditis Pyelonephritis with lithiasis

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) [illegible]
Address 3548 S. Grand Date signed 2/9/42

(Licensed Embalmer's Statement on Reverse Side)

Dr. Weinsberg, Alexian Bros.

Dr. Wm Weinsberg
3548 So Grand Ave
Laclede 3637 2 pm x

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 Albert Mayfield

Licensed Embalmer No. 3077

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.