

S. No. 2
M-9-4-41
ev. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9188**
Registrar's No. **2323**

FILED APR 8 1942 91

Primary Registration District No. **100**

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

00
17
9

Dr. Murray

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:
Lutheran Hospital **0**
(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.....
(c) City or town **St. Louis** **23**
(If outside city or town limits, write "RURAL") **17**
(d) Street No. **2018 Allen Avenue** **9**
(If rural, give location) **1**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **FRED N. SCHMIDT**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **No**

4. Sex **Male** **0** 5. Color or race **White**
6. (a) Single, widowed, married, divorced, **Widower**
6. (b) Name of husband or wife **Mary Schmidt**
6. (c) Age of husband or wife if alive, years **12, 1876**
7. Birth date of deceased **Feb. 12, 1876**
(Month) (Day) (Year)

8. AGE: Years **66** Months **1** Days **1** If less than one day
hr. min.

9. Birthplace **St. Louis, Mo** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business.....

MOTHER FATHER

12. Name **Fred Schmidt**
13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Elmer J. Schmidt**
(b) Address **2018 Allen Ave.**

17. (a) **Burial** (b) Date thereof **Mar. 16, 42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old S.S. Peter & Paul**

18. (a) Signature of funeral director **Wm E. Moydell**
(b) Address **1926 Allen Ave.**

19. (a) **APR 7 1942** (b) **J. F. Bedeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **13th**
year **1942** hour **9** minute **45 P.M.**
21. I hereby certify that I attended the deceased from **March 2 - 1942**
to **March 13 1942**
that I last saw him alive on **March 13 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac**
nephritis
Due to **Cardiac asthma and**
dyspnea
Due to **12/1**

Duration

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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 **L. F. Murray** (M. D. or other)
Address **900-Russell** Date signed **3-17-42**

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.....

Benj. L. Duncan

Licensed Embalmer No. *2272*

P. O. Address... *1926 Allen*

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.