

FILED MAY 13 1942

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. 4035

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:  
DePaul 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)

3. (a) PRINT FULL NAME Edwin Schmidt

3. (b) If veteran, name war None  
 3. (c) Social Security 489-01-9555

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

6. (b) Name of husband or wife Jean Schmidt  
 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased Feb. 25th 1894  
(Month) (Day) (Year)

8. AGE: Years 48 Months 2 Days 11  
If less than one day hr. min.

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

10. Usual occupation Winter Bros Engraving Co.

11. Industry or business Engraver

12. Name William Schmidt

13. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Bertha Dieterle

15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jean Schmidt

(b) Address 3656 Phillips Pl.

17. (a) Burial (b) Date thereof 5-9-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway Blvd.

19. (a) MAY 6 1942 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3656 Phillips Pl.  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th  
 year 1942 hour 2:03 minute A.M. M.

21. I hereby certify that I attended the deceased from 4-15-42  
 19\_\_\_\_ to 5-6-42 19\_\_\_\_

that I last saw h. me alive on 5-5-42 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Rectum ± 1 yr.  
 Duration \_\_\_\_\_

Due to Complicated by intestinal obstruction

Due to Peritonitis

Other Following operation  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of Rectum  
 Of operations \_\_\_\_\_

Of autopsy Not done

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 J. F. Bredeck (M. D. or other) M.D.  
 Address 4902 Maryland Date signed 5-6-42

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

MOTHER FATHER

B

108847  
1-3  
Dr. J. W. Thompson  
4952 Maryland

**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 *Quinn A. Mc Dermott*  
Licensed Embalmer No. *3024*  
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.**