

**AUG 10 1942**

Registration District No. **789**

Primary Registration District No. **10**

Registrar's No. **1667**

**1. PLACE OF DEATH:**

(a) County **St Louis Co**

(b) City or town **Clayton**

(c) Name of hospital or institution: **St Louis Co Hospital**

(d) Length of stay: In hospital or institution **1 Day**

In this community **1** years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo** (b) County **St Louis Co**

(c) City or town **Clayton**

(d) Street No. **Chambers Rd. St Louis Co**

(e) Citizen of foreign country? **No**

If yes, name country **1**

**3. (a) PRINT FULL NAME** **ANTHONY SCHMERSAHL**

**MEDICAL CERTIFICATION**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **None**

**20. DATE OF DEATH:** Month **Aug.** day **4** year **1942** hour **6:05** minute **P** M.

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

**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.

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

Immediate cause of death **Struck by an automobile while a pedestrian on a public highway.**

7. Birth date of deceased **July 17 Th 1894**

Due to **Lobar pneumonia; Fracture of both legs; Contusion of head.**

8. AGE:	Years	Months	Days	If less than one day
<b>48</b>	<b>-----</b>	<b>0-</b>	<b>18--</b>	<b>hr. min.</b>

Due to **head.**

9. Birthplace **Mo** (City, town, or county) \_\_\_\_\_ (State or foreign country) **1**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy **Yes.**

**170 @ 4**  
**1721**

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

12. Name **Gerhard Schmersahl**

13. Birthplace **ILL** (City, town, or county) \_\_\_\_\_ (State or foreign country) **1**

14. Maiden name **Elisabeth Pleuger**

15. Birthplace **ILL** (City, town, or county) \_\_\_\_\_ (State or foreign country) **1**

16. (a) Informant **John Schmersahl**

(b) Address **Chambers Rd St, Louis Co**

17. (a) **Burial** (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof **Aug. 7 Th 1942** (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

**22. If death was due to external causes, fill in the following:**

(a) Accident, suicide, or homicide (specify) **Accident. 0916**

(b) Date of occurrence **August. 3, 1942**

18. (a) Signature of funeral director **Edward Koch**

(b) Address **3516 N 14 Th str**

(c) Where did injury occur? **St. Ferdinand Twp.** (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Public place**

While at work? \_\_\_\_\_ (Specify type of place)

Means of injury **2**

23. Signature **Louis H. Boff** (Name of other) \_\_\_\_\_

Address **Kirkwood, Mo.** Date signed **8/5/42**

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

926

1872

**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.....

Licensed Embalmer No.....

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.**

**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 *Harry J. Schiemack*

Licensed Embalmer No. *2679*

P. O. Address *732 Lemay*

**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.**

10. Usual occupation.....
11. Industry or business.....
- MOTHER FATHER { 12. Name.....
13. Birthplace..... (City, town, or county) (State or foreign country)
- MOTHER { 14. Maiden name.....
15. Birthplace..... (City, town, or county) (State or foreign country)
16. (a) Informant.....
- (b) Address.....
17. (a) ..... (b) Date thereof..... (Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: burial or cremation.....
18. (a) Signature of funeral director.....
- (b) Address.....
19. (a) ..... (b) ..... (Date received local registrar) (Registrar's signature)

Other conditions.....  
(Include pregnancy within 3 months of death)

25353

Major findings:  
Of operations.....

Of autopsy.....

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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..... (M. D. or other).....

Address..... Date signed.....