

S. No. 2
1-9-4-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38136

State File No. _____

FILED DEC 1 0 1942

Registration District No. 284

Primary Registration District No. 202

Registrar's No. 2393

96000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: ST. LOUIS
(a) County ST. LOUIS
(b) City or town ROEID
(If outside city or town limits, write "RURAL" and name of township.)
(c) Name of hospital or institution: ROBERT KOEHL HOSP.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 mo.
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County - 000
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 2002-a - WITBILLE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME GEORGE SCHMIDT
3. (b) If veteran, name war no 3. (c) Social Security No. 488-07-2545

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 11 day 14
year 1942 hour 1 minute 30 P.M.
21. I hereby certify that I attended the deceased from 1-13, 1942, to 11-14, 1942
that I last saw him alive on 11-14, 1942
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife VERONICA SCHUNK 6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased: 2 - 5 - 1877
(Month) (Day) (Year)

Immediate cause of death Pneumonia Tuberculosis
Due to _____
Due to _____
Other conditions 1381
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
65 9 9 _____ hr. _____ min.

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

9. Birthplace HUNGARY
(City, town, or county) (State or foreign country)

10. Usual occupation CAST IRON WORKER

11. Industry or business STEEL COMPANY

12. Name JOHNI SCHMIDT

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

14. Maiden name MARTINA SCHUBER

15. Birthplace HUNGARY
(City, town, or county) (State or foreign country)

16. (a) Informant PATIENT

(b) Address _____

17. (a) BURIAL (b) Date thereof NOV 18-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW SS POTER / PAUL

18. (a) Signature of funeral director Thorakatis & Son

(b) Address 2906 Brown Ave

19. (a) NOV 16 1942 (b) C. M. McLaughlin
(Date received local registrar) (Registrar's signature)

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 Samuel J. Rowland (M. D. or other) 11/14/42
Address ROEID HOSP. KEE MO Date signed _____

APR 30 1943

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.....
.....
working under my personal supervision.

Signed.....

Registered Apprentice No.....
David Van Fossan

Licensed Embalmer No.....

4242

P. O. Address.....

2906 Savoy

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.

APR 11 1943