

JAN 19 1943

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 197

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Infirmary, 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6mo, 21days.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 6000
17
9

(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")

(d) Street No. 5547 St. Louis Avenue
(If rural, give location)

(e) Citizen of foreign country? American (Yes or No) 0
If yes, name country.

3. (a) PRINT FULL NAME Reinhardt Schmidt.

3. (b) If veteran, name war. 3. (c) Social Security No.

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

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

7. Birth date of deceased Feburary 12 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	10	26	hr. min.

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

10. Usual occupation Nil.

11. Industry or business None

12. Name Valentine Schmidt

13. Birthplace Germany (City, town, or county) (State or foreign country) 4

14. Maiden name Mary Sauerwein.

15. Birthplace Germany. (City, town, or county) (State or foreign country) 4

16. (a) Informant Louise Green

(b) Address 5800 Arsenal

17. (a) Burial (b) Date thereof Jan. 9, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem

18. (a) Signature of funeral director Berdine M. Jones

(b) Address 1936 St. Louis Ave

19. (a) JAN 8 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January, day 8, year 1943, hour 6:20 minute A.M.

21. I hereby certify that I attended the deceased from 1942 to Jan 8, 1943 that I last saw him alive on Jan 8, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative Heart Disease

Due to Hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.

Of autopsy.

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) (c) Means of injury

23. Signature Ben S. Skinner (M. D. or other)

Address 5800 Arsenal Date signed 1-8-43

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

MOTHER FATHER

2014 10 10 10 10

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 *Delbert J. Krupin*
Licensed Embalmer No. *3497*
P. O. Address *1936 St. Louis*

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.