

FILED MAR 15 1943 8
Registration District No. 1943 8

Primary Registration District No. 1003

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

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 St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 Days
In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Fred Schmidt

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

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

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

7. Birth date of deceased October 10, 1864
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 11 If less than one day hr. min.

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

10. Usual occupation Nil.

11. Industry or business Nil.

MOTHER FATHER { 12. Name Peter Schmidt

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

14. Maiden name Caroline Hoffman

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

16. (a) Informant Ann P. Morrison
(b) Address St. Louis City Hospital.

17. (a) Autonomous Burial (b) Date thereof 3-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Cemetery

18. (a) Signature of funeral director W. K. ...

(b) Address 3075 ...

19. (a) MAR 1 1943 (b) J. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 28
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. No Home
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21 year 1943 hour 5:25 minute A. M.

21. I hereby certify that I attended the deceased from February 4, 1943 to February 21, 1943;

that I last saw h. im alive on February 21, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis, General

Due to _____

Due to _____

Other conditions 97
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy not obtainable

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) (N. Means of injury)

23. Signature Francis S. Neudorff, MD

Address 1515 Lafayette Avenue Date signed 2/24/43

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.