

MAY 19 1943 318
Registration District No. _____

Primary Registration District No. _____

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:
1528 Linton Ave
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000
(c) City or town St Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 1528 Linton Ave (If rural, give location) 99
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1943 hour 8:30 minute A M.

21. I hereby certify that I attended the deceased from Aug 5, 1942 to May 18, 1943
that I last saw him alive on May 26, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis
Chr. Interstitial Nephritis

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 121

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) _____ (e) Means of injury _____

23. Signature Alvin G. Huber (M.D. or other)
Address 3901 W. Fairmount Date signed May 10

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3. (a) PRINT FULL NAME Henry A. Schmiehausen

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Margareth Schmiehausen 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased April 18 Th 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 ----- 0 -- 22 ----- hr. ----- min.

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

10. Usual occupation Retired Organist

11. Industry or business _____

MOTHER FATHER { 12. Name August Schmiehausen

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

14. Maiden name Not known

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

16. (a) Informant Bernard Schmiehausen

(b) Address 3010 Keokuk 1943

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13 Th (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edward Koch

(b) Address 3516 N 14 Th Str

19. (a) MAY 11 1943 (b) J. F. Buddeck (Registrar's signature)

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. Schumacker*

Licensed Embalmer No. *2679*

P. O. Address. *732 Lemay, St. Louis, Mo.*

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.