

7. S. No. 2  
FORM-2-43  
5-17-37  
PI X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

16566

4518

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

FILED MAY 27 1943

Registration District No. 8

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County ST. LOUIS  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: DEACONESS HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: in hospital or institution 2 days  
(Specify whether years, months or days) 65

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000  
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 17  
(d) Street No. 4150 PLEASANT ST (If rural, give location) 9 10  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FRED W. SCHMITT

3. (b) If veteran, name war NO 3. (c) Social Security No. 488-09-8819

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MAMIE SCHMITT 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased NOV. 6 1877  
(Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 7 If less than one day hr. min.

9. Birthplace ST. LOUIS MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation FOREMAN

11. Industry or business WROUGHT IRON RANGE CO

12. Name PHILLIP SCHMITT

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

14. Maiden name ELIZABETH KLEIN 4

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

16. (a) Informant MRS. ELIZ. SCHMITT  
(b) Address 4150 PLEASANT ST

17. (a) BURIAL (b) Date thereof MAY 15-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. PETERS CEM

18. (a) Signature of funeral director Suedmeyer & Sons  
(b) Address 3934 N. 20th St. St. Louis, Mo.

19. (a) MAY 14 1943 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 13  
year 1943 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from Aug 1940 to 5-13-1943  
that I last saw him alive on 5-12-1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cor. Myocarditis Duration 3 yrs

Due to Essential Hypertension

Due to Stroke

Other conditions (Include pregnancy within months of death) None have from nose 2 days

Major findings: Of operations Hypertension PHYSICIAN  
Of autopsy \_\_\_\_\_ 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) \_\_\_\_\_ (e) Cause of injury \_\_\_\_\_

23. Signature Nicholas P. ... (M. D. or other) \_\_\_\_\_  
Address 2739 N. Grand Date signed 5-14-43

**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 Alfred J. Boedeker  
2663  
Licensed Embalmer No. 5934 Alpha  
P. O. Address 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.**