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5-17-39
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32531

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 9 1943

Registration District No. 277

Primary Registration District No. 6076

Registrar's No. 2239

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Afton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
9335 Aster
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community I year (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Afton (If outside city or town limits, write "RURAL") 096

(d) Street No. 9335 Aster (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Joseph T. Schmaltz

(b) If veteran, name war No

(c) Social Security No. 498-18-8270

4. Sex Male 0 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Feb. 13, 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

54	7	17	hr. min.
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9. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Lehman Machine Co.

12. Name Andrew Schmaltz

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

14. Maiden name Unknown

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

16. (a) Informant Elizabeth Schmaltz

(b) Address 9335 Aster

17. (a) Burial (b) Date thereof 10-4-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Avenue

19. (a) 10-5-43 (b) C. J. McFarren
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

20. DATE OF DEATH: Month Sept day 30
year 1943 hour 9 P M minute --- M.

21. I hereby certify that I attended the deceased from 9/28-43, 19... to 9/30-43, 19...
that I last saw him live on 9-30-43, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia 3 days.

Due to Acute Cardiac Dilatation 2 days.

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

Duration

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) (2) Means of injury

23. Signature W. J. Evans (M. D. or other)
Address 4535 Va. Home Mo. Date signed 10/1-43

(Licensed Embalmer's Statement on Reverse Side)

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

600

101

JUL 2 1946

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 Oliver E. Fendall

Licensed Embalmer No. 4448

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.