

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF HEALTH  
BUREAU OF THE CENSUS  
FILED FEB 18 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 1367  
Registrar's No. 994

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town..... St. Louis  
(c) Name of hospital or institution:  
BARNES HOSPITAL  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Illinois (b) County St. Clair  
(c) City or town O'Fallon  
(d) Street No. 317 W. 2nd St.  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country 2

3. (a) PRINT FULL NAME CHARLES VALENTINE SCHMIDT  
(b) If veteran, name war None  
(c) Social Security No. 342-10-1139

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Mary G. Schmidt  
(c) Age of husband or wife if alive 49 years  
7. Birth date of deceased Feb. 19 1891  
(Month) (Day) (Year)

8. AGE: Years 53 Months 11 Days 21  
If less than one day hr. min.

9. Birthplace St. Clair County, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Foreman Press Room  
11. Industry or business Independent Eng. Co.,

MOTHER FATHER

12. Name August Schmidt  
13. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Zieres  
15. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary G. Schmidt  
(b) Address O'Fallon, Illinois

17. (a) Removal Removal (b) Date thereof 2-12-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shiloh, Illinois

18. (a) Signature of funeral director Albert H. Hoppe, Inc.  
(b) Address 4700 Washington Blvd.

19. (a) FEB 11 1944 (b) F. Brudech  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10  
year 1944 hour 11 minute 02 A.M.  
21. I hereby certify that I attended the deceased from  
Feb. 8 1944 to Feb. 10 1944  
that I last saw him alive on Feb. 10 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis  
Due to Carcinomatosis, primary in pancreas  
Due to  
Other conditions (Include pregnancy within 3 months of death) Ho  
Major findings: as above  
Of operations  
Of autopsy as above  
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)  
(e) Means of injury

23. Signature M. C. Ahney (M. D. or other)  
Address BARNES HOSPITAL Date signed 2/11/44

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

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**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..... *Albert G. Kapp*.....

..... Licensed Embalmer No..... *2971*.....

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.**