

No. 2
-2-43
-17-39
X33697

FILED MAY 20 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4282

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 2263a Missouri 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 Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2263a Missouri Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Emil Schmitt

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

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

6. (b) Name of husband or wife Catherine 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased April 16 1870
(Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace France 5
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Retired

12. Name Joseph Schmitt
13. Birthplace France 5
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Katie Schmitt
(b) Address 2263a Missouri Ave.

17. (a) Burial (b) Date thereof May 9, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old S. S. Peter & Paul's

18. (a) Signature of funeral director Wacker Alderte
(b) Address 3634 Grayoia Ave.

19. (a) W.F.P. (b) J.F. Bruden
(Date received local report) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1944 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from April 23 to May 16, 1944
that I last saw him alive on May 6, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 3 1/2

Due to Lobar Pneumonia

Other conditions Cerebral Hemorrhage
(Include pregnancy within 3 months of death)

Major findings: Of operations 108

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 P. J. Kleppel (M. D. or other) _____
Address 905 Harrison Date signed 5/8/44

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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.....

Frank J. Myland

Licensed Embalmer No.

2675

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.