

FILED NOV 1 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9063

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:
Good Samaritan Home
 (If not in hospital or institution, write street address)
 (d) Length of stay: 5 weeks (Specify whether in hospital or institution)
 In this community _____
 years, months or days.

3. (a) PRINT FULL NAME Frederick C. Schmidt.
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife Wilhelmine Schmidt.
 6. (c) Age of husband or wife if alive Dec'd. years
 7. Birth date of deceased February 8, 1861.
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	83	8	15	hr. _____ min.

9. Birthplace Grover, Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Farmer (retired).

11. Industry or business _____
 MOTHER FATHER { 12. Name Henry Schmidt.
 13. Birthplace Germany. 4
 (City, town, or county) (State or foreign country)
 14. Maiden name Amelia Houssel.
 15. Birthplace Germany. 4
 (City, town, or county) (State or foreign country)

16. (a) Informant Miss Elise M. Schmidt. 1
 (b) Address 4906 West Minister Place.
 17. (a) Burial (b) Date thereof 10/26/1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Peters Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
 (b) Address 5966-68 Easton Avenue
 19. (a) OCT 25 1944 (b) J. F. Bredsch
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis 4
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1018 Tamm Avenue.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 23rd.
 year 1944 hour 10 minute 20 P.M.
 21. I hereby certify that I attended the deceased from June
6, 1941, to Oct 23, 1944
 that I last saw him alive on Oct 23, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral
RPoPloV- Duration 4 days
 Due to Chronic nephritis 10 yrs
myocarditis same
 Due to _____
 Other conditions Senility
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations 1/21
 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?

 (Specify type of place) (e) Means of injury _____
 While at work _____
 23. Signature Smuel (M. D. or other) M.D.
 Address 4501 1/2 Manchester Date signed 10-24-44

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

Dr. L.M. Webb.
4501a Manchester Avenue.
Hours 3 to 5 P.M.
Telephone Franklin 0630

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

John Keller

Licensed Embalmer No. *3880*

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.