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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 734  
Registrar's No. 158

FILED JAN 20 1945  
318

Registration District No. 318 Primary Registration District No. 1008

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

1. PLACE OF DEATH:  
(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
In this community 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 100  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 5579 Easton Avenue. (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME Phillip Schmidt  
3. (b) If veteran, name war None  
3. (c) Social Security No. 497-03-2384

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan. day 6th  
year 1945 hour 8:30 minute A. M.  
21. I hereby certify that I attended the deceased from 1/2/45  
1/6/45, 1945 to 1/6/45, 1945  
that I last saw h. 10 alive on 1/6/45, 1945  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife Lydie Schmidt.  
6. (c) Age of husband or wife if alive Dec'd. years  
7. Birth date of deceased November 9, 1880  
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage Duration  
Due to Generalized arteriosclerosis

8. AGE: Years Months Days If less than one day  
64 1 28 hr. min.

Due to 830  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy

9. Birthplace St. Louis, Missouri.  
(City, town, or county) (State or foreign country)

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

10. Usual occupation Painter.

11. Industry or business

12. Name William Schmidt.

13. Birthplace St. Louis, Missouri.  
(City, town, or county) (State or foreign country)

14. Maiden name Ada Chapman.

15. Birthplace St. Louis, Missouri.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Harry Schmidt.

(b) Address 2174 Linton Avenue.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-1945.  
(Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery.

18. (a) Signature of funeral director: Geo. L. Pleitsch, Inc.  
(b) Address 5966-68 Easton Avenue.

19. (a) JAN 8 1945 (Date received local registrar) (b) J. F. Benedict (Registrar's signature)

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 E. W. C. [unclear] (M. D. or other) 1/6/45  
Address 1515 Lafayette Date signed

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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.....

*Ben C. Hoffmann Jr*

Licensed Embalmer No. *15366*

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.