

7. S. No. 2
FORM-5-43
Rev. 5-17-39
1 X36671

FILED JAN 31 1945 318-24-143

Registration District No. _____ Primary Registration District No. 1003

Registrar's No. 510

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:
St. Louis City Hospital
(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

3. (a) PRINT FULL NAME Harry Smith (Schmitt)

3. (b) If veteran, name war World War # 1

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased May 19 1891
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>53</u>	<u>7</u>	<u>26</u>	____ hr. ____ min.

9. Birthplace Cincinnati Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name George Schmidt

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

14. Maiden name Elizabeth Kammat

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

16. (a) Informant John Schmidt

(b) Address 2040 Baltimore, N. Fairmount, Ohio

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 1-18-45
(Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) JAN 17 1945
(Date received local registrar)

J. B. Bradeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1500a Pine St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15
year 1945 hour 7 minute 10 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of skull
Subdural Hemorrhage of brain
when he was struck by auto
while being driven by one
Ray Hollard, 100 ft east of
Dunlap on Federal Bridge
ave. - Auburn 3.00 PM Jan.
14, 1945

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

PHYSICIAN

Major findings: _____

Of operations 170

Of autopsy 211

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) Accident

(b) Date of occurrence Jan 14, 1945 - 1945

(c) Where did injury occur at home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Street
(Specify type of place)

While at work? _____

(g) Means of injury as above

23. Signature Patricia E. ... (M.D. or other)

Address Dep. Ev. Date signed 1/17/45

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. Hopper

Licensed Embalmer No.....

2771

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.