

S. No. 2
M-5-43
7. 5-17-36
P I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 23 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8223**
2377
Registrar's No.

Registration District No. **318** Primary Registration District No. **1003**

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:
Lutheran 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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 91
(c) City or town Lemay Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rt. 8 Box 577 Butler Hill Rd
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Michael Schmitt
3. (b) If veteran, name war No **3. (c) Social Security** No. None

4. Sex Male **5. Color or race** White **6. (a) Single, widowed, married, divorced, widowed** Widowed
6. (b) Name of husband or wife Celistine **6. (c) Age of husband or wife if alive** 1864 years
7. Birth date of deceased October 20 (Month) (Day) (Year)

8. AGE: Years 80 Months 4 Days 23 If less than one day hr. min.

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

11. Industry or business
12. Name John Schmitt
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Henry M. Schmitt
(b) Address Rt. 8 Box 577 Lemay, Mo.

17. (a) (b) Date thereof March 16, 45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Assumption Cem. Mattese, Mo.

18. (a) Signature of funeral director C. Hofmeister U. & L. Co.
(b) Address 7814 S. Broadway

19. (a) (b) Date MAR 14 1945 (Date received) (Local authority)
(c) Signature J. F. Bredenk (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 12 year 1945 hour 5 minute 50 PM
21. I hereby certify that I attended the deceased from Feb. 1 1945, to March 12 1945;
that I last saw h. im. alive on March 12 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease **Duration** several days
Due to Fractured Femur Left **6 wks.**
Due to Senility
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations.....
Of autopsy.....

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) accident
(b) Date of occurrence Feb 1 1945
(c) Where did injury occur? Lemay Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
farm in home
While at work? no (Specify type of place) (e) Means of injury fall
23. Signature J. Louis Hutton (M.D. or other) M.D.
Address 3606 Gravois **Date signed** 3/13/45

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 *James C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

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.