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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26103

State File No.

FILED 318

Registration District No. 1003 Primary Registration District No. Registrar's No. 7566

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:
City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Affton 0
(If outside city or town limits, write "RURAL")

(d) Street No. Grantwood Hills No. 3 NR
(If rural, give location)

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

3. (a) PRINT FULL NAME Anton Schimmer

3. (b) If veteran, name war

3. (c) Social Security No. 488-10-1132

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Camilla Schimmer

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

7. Birth date of deceased - - 1890 (Month) (Day) (Year)

8. AGE Years 55 Months ? Days ? If less than one day hr. min.

9. Birthplace Not known (City, town, or county) Austria-Hungary (State or foreign country)

10. Usual occupation tailor

11. Industry or business J. B. Simpson Company

FATHER
12. Name Peter Schimmer
13. Birthplace Not known (City, town, or county) Austria Hungary (State or foreign country)

MOTHER
14. Maiden name Hannah Mayer
15. Birthplace Austria-Hungary (City, town, or county) (State or foreign country)

16. (a) Informant Peter Schimmer
(b) Address 4336 Taft Avenue

17. (a) burial (Burial, cremation, or removal) (b) Date thereof m 8/31/45 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director J L Ziegenhein & Sons
(b) Address 7027 Gravois

19. (a) AUG 30 1945 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 28 year 1945 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

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)
(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)
While at work? (e) Means of injury

23. Signature Alfred Berry (M. D. or other)
Address Date signed 8/30/45

(Licensed Embalmer's Statement on Reverse Side)

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 7027 Gravois

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.