S. No. 2
M—5-43
7. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26106

FILED AUG 24 1945

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 7044

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: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3611 N. Newstead Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry C. Schmid.
3. (b) If veteran, name war
3. (c) Social Security No. 492-10-9815
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elfriede Schmid
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased Aug. (Month) 11th. (Day) 1894 (Year)

8. AGE: Years	Months	Days	If less than one day
50	11	27	hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country)
10. Usual occupation Building Contractor
11. Industry or business

FATHER
12. Name Conrad Schmid
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bader
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Elfriede Schmid
(b) Address 3611 N. Newstead Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-11-45 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cemetery
18. (a) Signature of funeral director Provost Und. Co.
(b) Address 3710 N Grand Bl.
19. (a) AUG 10 1945 (Date received local registrar) (b) J. F. Bridenbach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 8th. year 1945 hour 6.20 A. M.
21. I hereby certify that I attended the deceased from July 15, 1945 to Aug 8, 1945 that I last saw him alive on Aug 8, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (Duration 4 days)
Due to Septicemia & Becoming chilled following convalescence
Due to from tonsillectomy 7/19/45
Other conditions Cerebral embolism
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 108

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 0

23. Signature Edward H. Smith (M. D. or other) M.D.
Address 704 Olive St. Date signed 8/10/45

(Licensed Embalmer's Statement on Reverse Side)

E. N. Snyder
7505 Olive
2 30 4 30

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 Earl E. Provost

Licensed Embalmer No. 1578

P. O. Address 3710 N Grand Blv

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.