

FILED OCT 25 1945 STANDARD CERTIFICATE OF DEATH

State File No. 32839

Registration District No. 318

Primary Registration District No.

Registrar's No. 8900

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
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. 3945 Bayliss ave.
(If rural, give location)
(e) Citizen of foreign country? no
If yes, name country

3. (a) PRINT FULL NAME Andrew J. Schmaltz

3. (b) If veteran, name war no 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married/

6. (b) Name of husband or wife Lena Schmaltz 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased January 6 1871 (Month) (Day) (Year)

8. AGE: Years 74 Months 9 Days 7 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

12. Name Andrew Schmaltz

13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Lena Schmaltz

(b) Address 3945 Bayliss ave. Lemay, Mo.

17. (a) Burial (b) Date thereof Oct. 17, 45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Pk.

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 S. Broadway

19. (a) OCT 16 1945 (Date received local registrar) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October 13 day 6 year 1945 hour 45 minute P.M.

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw him alive on 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 a motorcycle operated by one William Smith at the intersection of Bayliss and Lemay St. Louis County Board 6:30 PM Oct 6, 1945

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 96

(b) Date of occurrence Oct 6 1945

(c) Where did injury occur? St. Louis County (City or town) (County) (State)

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

23. Signature J. F. Bradeck (M. D. or other)

Address 1916/4

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

MOTHER FATHER

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 Harry J. Stumacher
Licensed Embalmer No. 2679
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.