U. S. No. 2
OM—8-43
v. 5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7900

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1455

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: Barnes General
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County ~~St. Louis~~
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 8310 Reilly
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William L. Schmidt

3. (b) If veteran, name war Peace time

3. (c) Social Security No. 493-24-4575

4. Sex M

5. Color or race W

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

6. (b) Name of ~~husband~~ or wife Alice

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

7. Birth date of deceased 4 (Month) - 23 (Day) - 1902 (Year)

8. AGE: Years 43 Months 9 Days 19 If less than one day hr. min.

9. Birthplace Unionville (City, town, or county) Mo (State or foreign country)

10. Usual occupation St. Louis Medical Dept

11. Industry or business

FATHER
12. Name Charles Schmidt
13. Birthplace Unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant Alice Schmidt
(b) Address 8310 Reilly ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 14, 46 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery

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

19. (a) FEB 13 1946 (Date received by local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 11 year 1946 hour 4 minute 20 P.M.

21. I hereby certify that I attended the deceased from 2-2, 1946, to Feb 11, 1946 that I last saw him alive on 2-2-46, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage lobar Pneumonia — Duration

Due to Primary Bronchogenic Carcinoma with Metastasis — Duration

Due to to Liver, & Mesenteric & Lymphatic glands — Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operation NO OPERATION

Of autopsy See Above

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 George D. Mohr (M. D. or other) MD
Address Bethesda General Hosp. Date signed 2-11-46

(Licensed Embalmer's Statement on Reverse Side)

FEB 5 1947

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. Schumacher

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.