

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18870**  
Registrator's No. **4683**

**FILED MAY 31 1946**

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: **Deaconess Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 Days**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

**David Schmid**

3. (b) If veteran: name war **Non**

3. (c) Social Security No. **---**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Mary Schmid**

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

7. Birth date of deceased **Feb 22 - 1850**  
(Month) (Day) (Year)

8. AGE: Years **96** Months **2** Days **0** If less than one day **1 min.**

9. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Banker**

11. Industry or business **Schmid &**

12. Name **Schmid &**

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 **Arthur Schmid**  
(b) Address **7716 Sherley Dr. Clayton Mo**

17. (a) **Burial** (b) Date thereof **5/25/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Nashville Tenn**

18. (a) Signature of funeral director **Louis H. Bopp Jr.**  
(b) Address **Kirkwood Mo**

19. (a) **MAY 25 1946** (b) **J. F. Bredeck**  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St. Louis**  
(c) City or town **Clayton**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **7716 Sherley Dr.**  
(If rural, give location)  
(e) Citizen of foreign country? **(Yes or No) 1**  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **22**  
year **1946** hour **8:10** minute **53 P.M.**

21. I hereby certify that I attended the deceased from **April 1945** to **May 22 1946**  
that I last saw him alive on **5-22**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration **4 days**

Due to **Cerebral arteriosclerosis**

Due to **83**

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **Harry Carter** (M. D. or other)  
Address **607 N. Main** Date signed **5/27/46**

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

OCT 31 1945

SEP 16 1955

### 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.....

Licensed Embalmer No. ....

P. O. Address.....

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.