

FILED MAY 17 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4096**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **St. Louis City Hospital**
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 days**
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **WILLIAM SCHMIDT**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **--- --- 1886?**
(Month) (Day) (Year)

8. AGE: Years **abt- 60?** Months **?** Days **?** If less than one day
hr. _____ min. _____

9. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business _____

12. Name **William Schmidt**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Sophie Walter**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Herman Schmidt**
(b) Address **3009 S. 18th St.**

17. (a) **Burial** (b) Date thereof **May 6, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Weick Bros.**
(b) Address **2201 S. Grand Bl.**

19. (a) **MAY 6 1946** (b) **J. F. Breuer**
(Date received in Registrar's Office) (Registrar's signature)

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. **207 Sidney**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **3**
year **1946** hour **8:10** minute **P** M.

21. I hereby certify that I attended the deceased from **April 29**
? 19 **46** to **May 3** 19 **46**
that I last saw him alive on **May 3**
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral Vascular accident (Hemorrhage)
Due to **Arteriosclerosis Cardio-Vascular**
Human Duration **6 days**

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?

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

23. Signature **Robert G. Sweet** (M. D. or other) _____
Address **1515 Lafayette Avenue** Date signed **5/4/46**

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 A. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.