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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U. S. GOVERNMENT PRINTING OFFICE: 1933
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18872
3983
State File No.
Registrar's No.

FILED MAY 16 1946
Registration District No. 318
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:
2226 Gravois Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Albert H. Schmitt
3. (b) If veteran, name war Nil
3. (c) Social Security No. Unknown
4. Sex Male / 5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Alice B. Schmitt
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September 18 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 7 13 hr. min.

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

10. Usual occupation Retired

11. Industry or business Newspaper Agent

12. Name Phillip Schmitt
13. Birthplace Waterloo Illinois /
(City, town, or county) (State or foreign country)

14. Maiden name Louisa Lauth
15. Birthplace Waterloo Illinois /
(City, town, or county) (State or foreign country)

16. (a) Informant George P. Schmitt

(b) Address 3850 Kennerly Ave.

17. (a) Burial (b) Date thereof 5-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAY 1 1946 J. F. Buddeck
(Date received local registrar's certificate) (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. 2226 Gravois Ave.
(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 1
year 1946 hour 9:30 minute A. M.
21. I hereby certify that I attended the deceased from Apr. 28 - 1946
Apr. 28 1946 to Apr. 30 1946
that I last saw him alive on Apr. 30 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Ch. myocardiitis

Due to

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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? no (Specify type of place)

(d) Means of injury

23. Signature M. R. Nye (M. D. or other) M.D.
Address 2931 Spruce Ave. Date signed 5/1/46

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

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

Henry M. Brammer

Licensed Embalmer No.....

4200

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.