

No. 2
1-5-43
5-17-39
I X38671

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5234

1. PLACE OF DEATH:
(a) County City Hospital
(b) City or town
(c) Name of hospital or institution: City Hospital
(d) Length of stay: In hospital or institution
In this community years, months or days

3. (a) PRINT FULL NAME Leo F. Schmitt
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 married
6. (b) Name of husband or wife Marie Schmitt
6. (c) Age of husband or wife if age years
7. Birth date of deceased 9 - 28 - 1884
(Month) (Day) (Year)

8. AGE: Years 61 Months 8 Days 13
If less than one day hr. min.

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

10. Usual occupation
11. Industry or business

MOTHER FATHER
12. Name Valentino Schmitt
13. Birthplace Germany
14. Maiden name Rosetta Unk.
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant John Schmitt
(b) Address 14 27 Granville Place

17. (a) Burial Calvary cemetery
(b) Date thereof 6/14/46
(c) Place: burial or cremation

18. (a) Signature of funeral director Sullivan Bros.
(b) Address 2849 No. Euclid

19. (a) JUN 12 1946 (Date received local registrar)
J. J. Bredenk (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis
(d) Street No. 1427 Granville Place
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11th year 1946 hour 11:30 am minute M.
21. I hereby certify that I attended the deceased from 5/20/46 to 6/11/46
that I last saw him alive on 6/11/46 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Hemorrhage
Duration 1 day
Due to Metastatic Carcinoma of Mediastinum 6 mos
Due to Laryngeal Carcinoma 3 yrs
Other conditions
(Include pregnancy within 3 months of death)

Major findings: H7
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (2) Means of injury
23. Signature J. J. Mustachek
Address 3903 Olive St Date signed 6/14/46

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

Dr. N. L. Mistachkin,

Wall Bldg.,

Phone Je. 5600

Je 5858

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 Robert L. Frankman
Licensed Embalmer No. 3583

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.