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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 23 1947
Registration District No. **318**

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15622**
Registrar's No. **212**

Primary Registration District No. **1003**

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

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:
Lutheran Hospital
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution From Feb 11 to 2 of 1947
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 179
(d) Street No. 3916a Botanical Ave. (If rural, give location) 179
(e) Citizen of foreign country? (Yes or No)
If yes, name country (D)

3. (a) PRINT FULL NAME William H. Schmidt
3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret Schmidt
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased November 17, 1887
(Month) (Day) (Year)

8. AGE: Years 59 Months 4 Days 20
If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

12. Name Henry Schmidt

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

14. Maiden name Sophie Schaege

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Schmidt

(b) Address 3916a Botanical Ave

17. (a) Burial (b) Date thereof 4-10-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antiock Cemetery

18. (a) Signature of funeral director Weick Bro. Und. Co.

(b) Address 2201 S. Grand Bl.

19. (a) APR 8 1947 (b) J. F. Bredesch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1947 hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from February 12 to April 7 1947
that I last saw him alive on April 7 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis & Pulmonary Edema
Duration Several weeks

Due to —

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) — (e) Means of injury —

23. Signature St. Louis Schuchat (M. D. or other) (D)
Address 2200 Chestnut Ave Date signed 4-8-47

Dr. Schuetz
3866. Flava

MAY 13 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.....

..... James R. Dunn, Registered Apprentice No. 403
working under my personal supervision.

Signed..... *Harry A. Stewart*

Licensed Embalmer No. 3722

P. O. Address..... 2201 S. Grand Bl.

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.