No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19761

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1081

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution since 2-21-47 (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair 994

(c) City or town East St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2305 N. 58th Street
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME SCHMIDT, Alvin

3. (b) If veteran, name war World War II

3. (c) Social Security No. 707-09-8953

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Ann

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased November (Month) 20 (Day) 1901 (Year)

8. AGE: Years 45 Months 6 Days 7 If less than one day hr. min.

9. Birthplace Metropolis, Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Railroad Conductor

11. Industry or business

FATHER
12. Name Edward Schmidt
13. Birthplace Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lena Copeland
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Registrar, Veterans Adm. Hospital
(b) Address Jefferson Barracks 23, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation Edwardsville, Ill.

18. (a) Signature of funeral director Rowland, St. Louis, Mo.
(b) Address for Straube Und., Edwardsville, Ill.

19. (a) 5-29-47 (Date received local registrar) (b) Carla J. Shaw MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1947 hour 4:50 minute A. M.

21. I hereby certify that I attended the deceased from 2-21-47, 19__, to 5-27-47, 19__;
that I last saw him alive on 5-27-47, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Primary Carcinoma of Liver	
Ascites, Portal vein stasis	
Due to	
Due to 46	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Biopsy 5-13-47
Paracentesis 3-19-47
Of autopsy Autopsy performed (see cause of death)

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

23. Signature L. E. Stilwell (M. D. or other)
Address Vet. Adm. Hosp., Jeff. Bks., Mo. Date signed 5-27-47

(Licensed Embalmer's Statement on Reverse Side)

JUL 8 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....Rex Campbell.....

Licensed Embalmer No.....3881.....

P. O. Address.....4355 Washington C

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.