

No. 2
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X47070

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

FILED OCT 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32989
Registrar's No. 9270

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jewish Hospital
(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 Robert Schmuch

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased August 27 1937
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
10 1 7 hr. min.

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

10. Usual occupation Student

11. Industry or business Grade School

12. Name Jack Schmuch

13. Birthplace Alton Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Hazel Gilbert

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

16. (a) Informant Hazel Schmuch

(b) Address 1706 Hill St, Alton, Illinois

17. (a) Removal (b) Date thereof 10/7/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alton, Illinois

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

(b) Address 4700 Washington Blvd.

19. (a) OCT 6 1947 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison
(c) City or town Alton
(If outside city or town limits, write "RURAL")
(d) Street No. 1706 Hill Street.
(If rural, give location)
(e) NR Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4
year 1947 hour 6 minute 10 P.M.

21. I hereby certify that I attended the deceased from
10-2- 1947, to 10-5- 1947;
that I last saw him alive on 10-5- 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute exacerbation of chronic glomerular nephritis Duration 3 mo.

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).....

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 Lawrence M. Crowley (M.D. or other)
Address 462 No. Taylor Date signed 10/6/47

St. Louis, Mo.

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.....

Ernest W. Spillers
.....
Licensed Embalmer No. *4080*

.....

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.