. No. 2
—1/47
5-17-39.

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 14 1947

Registration District No. 818

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 36229

Registrar's No. 10217

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: City Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3930 Randall Street 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 15 0
If yes, name country

3. (a) PRINT FULL NAME WILLY C. L. SCHMIDT
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male O
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lottie Schmidt
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 7 1885 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
62	9	26	hr. min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)
10. Usual occupation Tool and Die Maker
11. Industry or business Welsh Co
MOTHER FATHER
12. Name Christian Schmidt
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)
16. (a) Informant Lottie Schmidt
(b) Address 3930 Randall St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-6-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Siegelen Bros.
(b) Address 6409 Grayois Ave
19. (a) NOV 6 1947 (Date received local registrar) (b) J. F. Bradeek (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 3rd year 1947 hour 3:40 minute P M.
21. I hereby certify that I attended the deceased from 10/11/47, 19..., to Nov. 3rd, 19 47 that I last saw him alive on Nov. 3rd, 19 47 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Congestive heart failure	
Due to cerebral vascular accident.	
Due to	
Other conditions (Include pregnancy within 3 months of death) Parkinsonism	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work (e) Means of injury
23. Signature [illegible] (M. D. or other)
Address 1515 Lafayette Date signed 11/4/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Homer W. Fritz

Licensed Embalmer No. 3882

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.