No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 7 1947 318

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36231

Primary Registration District No. 1003

Registrar's No. 10011

1. PLACE OF DEATH:

(a) County: St. Louis

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

(c) Name of hospital or institution: St. John's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 6 Days (Specify whether years, months or days)

In this community: 17 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 96

(c) City or town: Brentwood (If outside city or town limits, write "RURAL") 9

(d) Street No.: 2519 Brentwood Blvd. (If rural, give location) 1

(e) Citizen of foreign country? N. R. No. (Yes or No) 1

If yes, name country: –

3. (a) PRINT FULL NAME: Martin W. Schmidt

3. (b) If veteran, name war: –

3. (c) Social Security No.: 493-07-0231

4. Sex: M 0

5. Color or race: W

6. (a) Single, widowed, married, divorced: M 1

6. (b) Name of husband or wife: Gertrude Yoss

6. (c) Age of husband or wife if alive: 37 years

7. Birth date of deceased: February 16, 1910 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
37	8	13	hr. min.

9. Birthplace: Dunkerton, (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation: Coffee Roaster

11. Industry or business: Coffee Manufacturer

FATHER
12. Name: Theodore Schmidt
13. Birthplace: Klinger, (City, town, or county) Iowa (State or foreign country) 1

MOTHER
14. Maiden name: Wilhelmina Manske
15. Birthplace: Waterloo, (City, town, or county) Iowa (State or foreign country) 1

16. (a) Informant: Mrs. Gertrude Schmidt

(b) Address: 2519 Brentwood Blvd.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 1, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation: Immanuel Luth. Cem. Klinger Iowa

18. (a) Signature of funeral director: BEIDERWIEDEN F.H. INC.

(b) Address: 1936 St. Louis Avenue

19. (a) OCT 30 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: October day: 29, year: 1947 hour: 3.45 AM minute: M.

21. I hereby certify that I attended the deceased from: Sept. 1, 1947 to: Oct 29 1947 that I last saw h. alive on: Oct 28 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Subdiaphragmatic Abscess	2 mos.
Due to: Acute Ruptured Appendicitis	4 days
Due to:	
Other conditions: Left lower Atelectasis and L. pleural effusion (Include pregnancy within months of death)	

Major findings:
Of operations: Ruptured Appendix
Of autopsy: ① Subdiaphragmatic Abscess ② Left atelectasis

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? (c) Means of injury: 0

23. Signature: Michael Dulick (M. D. or other)

Address: 2319 Brentwood Bld Date signed: 10-29-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. M. Dulick
9400 Tilles Drive ✓ after 4 pm

1 block East of Litzinger & McKnight

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~~ alone

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

working under my personal supervision.

Signed Felix J. Krafsin

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

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.