No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 15 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 6995

Registrar's No. 2363

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3714 Texas Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ----- (Specify whether years, months or days)
In this community 71 Years

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. 3714 Texas Ave. 4
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country -----

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

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widower 2
6. (b) Name of husband or wife Clara Alsmeyer
6. (c) Age of husband or wife if alive ----- years
7. Birth date of deceased April (Month) 15 (Day) 1876 (Year)

8. AGE: Years 71 Months 10 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Retired Water Inspector
11. Industry or business City of St. Louis

FATHER
12. Name John Schmidt 4
13. Birthplace (Unknown) (City, town, or county) Germany (State or foreign country) 1

MOTHER
14. Maiden name Barbara (Unknown)
15. Birthplace (Unknown) (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Russell Schmidt
(b) Address 3714 Texas Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 9, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery
18. (a) Signature of funeral director Beiderwieden F. H. Inc.,
(b) Address 1936 St. Louis Ave.
19. (a) MAR 9 1948 (Date received local registrar) (b) J. T. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7 year 1948 hour 3 minute 20 A.M.

21. I hereby certify that I attended the deceased from Mar 7, 1948 to Mar 7, 1948 and that I last saw him alive on Mar 7, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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 17

23. Signature Robt. O. Urban (M. D. or other)
Address 3665 So Broadway Date signed 3-8-48

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 Neal C. Paulson

Licensed Embalmer No. 4114

P. O. Address 1936 St. Louis Ave

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.