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 FEB 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6998
Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1209

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2½ weeks (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 0-00
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5569 Hebert St 4
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William 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 Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 24 (Day) 1889 (Year)

8. AGE: Years 58 Months 8 Days 10 If less than one day hr. min.

9. Birthplace St. Louis Mo 0
(City, town, or county) (State or foreign country)
10. Usual occupation Unemployed
11. Industry or business
FATHER
12. Name Henry Schmidt 4
13. Birthplace Germany 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Schwenker
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Anna Siedhoff
(b) Address 5569 Hebert St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 7 1948 (Month) (Day) (Year)
(c) Place: burial or cremation St. John Cemetery
18. (a) Signature of funeral director Calvin F Frutz
(b) Address 4828 Nat Bridge Blvd
19. (a) FEB 5 1948 (Date received local registrar) (b) J. F. Bausch (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 4
year 1948 hour 6 minute 30 P. M.
21. I hereby certify that I attended the deceased from Jan 17, 1948, to Feb 4, 1948;
that I last saw him alive on Feb 4, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia ~~[illegible]~~ pyonephrosis absence of one infection — Duration 10 yrs
Due to Non-calculous
Due to
Other conditions (Include pregnancy within 3 months of death) 1 22
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 (Means of injury) 0
23. Signature Grayson Carroll (M. D. or other)
Address 609 Humboldt Bldg. Date signed 2/5/48
Grayson Carroll

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Humboldt Bld
10 30 am to 11 P.M.

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 John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St. Louis, Mo.

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.