S. No. 2
A—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10641 2772

FILED APR 3 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:
(a) County: St. Louis, Missouri
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3449 Chippewa St. (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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 000
(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No.: 3449 Chippewa (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: George Schmitt
3. (b) If veteran, name war: None
3. (c) Social Security No.:
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Lena Schmitt
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: July 12, 1875 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	8	7	hr. min.

9. Birthplace: St. Louis, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation: Retired 2 Years
11. Industry or business: Insurance Agent
FATHER
12. Name: Peter Schmitt
13. Birthplace: Germany 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Elizabeth Bollinger
15. Birthplace: St. Louis, Missouri 0 (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Lena Schmitt
(b) Address: 3449 Chippewa St.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Hope Mausoleum
18. (a) Signature of funeral director: Southern Funeral Home
(b) Address: 6322 S. Grand Blvd.,
19. (a) MAR 22 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th year 1948 hour 1 minute p.m.
21. I hereby certify that I attended the deceased from April 9, 1947 to March 19, 1948 that I last saw him alive on Mar 18, 1948 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Carcinoma of right lung
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): 47
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: H. J. Bergman (M. D. or other) M.D.
Address: 3726 Washington Date signed: 3/29/48

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

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 J. Wm Bentley

Licensed Embalmer No. 3633

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.