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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED JUL 6 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 21608

Registration District No. 317

Primary Registration District No. 2002

Registrar's No. 1524

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town University City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
8141 Gannon  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... 26 Yrs  
years, months or days)

3: (a) PRINT FULL NAME SCHMIDT, Edwin William

3: (b) If veteran, name war World War I (c) Social Security No. 188-09-9944

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Florence Belle Stevens 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased December 27 1894  
(Month) (Day) (Year)

8. AGE: Years 53 Months 5 Days 15 If less than one day hr. min.

9. Birthplace Ft. Wayne Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Asst. Treasurer

11. Industry or business James R. Kearney Co.

12. Name William John Schmidt

13. Birthplace U.S.A.  
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Betz

15. Birthplace U.S.A.  
(City, town, or county) (State or foreign country)

16. (a) Informant Florence Stevens Schmidt

(b) Address 8141 Gannon Avenue

17. (a) Burial (b) Date thereof 6/15/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Park

18. (a) Signature of funeral director Robert J. Ambruster, Inc

(b) Address Clayton Rd. at Concordia Lane

19. (a) 6-14-48 (b) Paul A. Shapiro  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town University City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8141 Gannon Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12th  
year 1948 hour 4 minute 55 P.M.

21. I hereby certify that I attended the deceased from June 1947 to June 12th 1948  
that I last saw him alive on June 6 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death BRAIN TUMOR, VERIFIED, MENINGEAL FIBRO SARCOMA, LGT 14 MOS.

Due to 54 hr

Other conditions (include pregnancy within 3 months of death)

Major findings: MENINGEAL SARCOMA  
Of operations Left Frontal + Temporal lobes  
Of autopsy No.

PHYSICIAN  
Underline the cause to 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?

While at work? (Specify type of place) (c) Means of injury

23. Signature George E. Roubaux (M. D. State)  
Address 18 N. Taylor Date signed 6/11/48

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

MOTHER, FATHER

**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.....

*Ernest W. Spillers*

Licensed Embalmer No.....

*4080*

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.**