No. 300
—10-47
5-17-39
P I 3906

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

FEDERAL SECURITY AGENCY # 88672
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28191

FILED AUG 28 1948

Registration District No. 013

Primary Registration District No. 1003

Registrar's No. 7289

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 0
St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2016a Cherokee St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Jacob Schmitt

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 Divorced

6. (b) Name of husband or wife

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

7. Birth date of deceased July 14, 1884
(Month) (Day) (Year)

8. AGE: Years 64 Months 1 Days 4 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Brewer

11. Industry or business Anheuser Busch Co.

MOTHER FATHER

12. Name Martin Schmitt

13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER

14. Maiden name Catherine Mosberger

15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Catherine Schmitt

(b) Address 1903a Senate

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-21-1948 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Weick Bro. Und. Co.

(b) Address 2201 S. Grand Bl.

19. (a) AUG 19 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18th year 1948 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from 8-9-48, 19, to 8-18-48, 19; that I last saw him alive on 8-18-48, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Inanition	2 wks.
Due to: Bronchopneumonia	4 wks
Due to: Carcinoma of Larynx, Epidermoid, Squamous cell type	18 mos
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature N. K. Moorman (M. D. or coroner)

Address 1515 Lafayette Avenue Date signed 8-18-48

(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 James R Dunn

Licensed Embalmer No. 4527

P. O. Address 2201 S. Grand 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.