

U.S. No. 30
FORM-10-47
Rev. 5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 23 1948
Registration District No. 577

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

35199
State File No. _____
Registrar's No. 2180

Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lemay Bx. 91 Rt. 11 Mo. 23
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution _____ (Specify whether)
In this community 50 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Lemay Bx. 91 Rt. 11
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Albert F Schmidt
3. (b) If veteran, name war _____
3. (c) Social Security No. 352-03-8966

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 16,
year 1948 hour 12:30 minute A. M.
21. I hereby certify that I attended the deceased from 6-8-48
to 9-16-48, 1948, to 9-15-48, 1948.
that I last saw him alive on _____
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Margaret
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Oct. 9, 1883
(Month) (Day) (Year)

Immediate cause of death, _____ Duration
Coronary decompensation 5 days
Due to Hypertension 340-
Due to Pen. arteriosclerosis, senile 169-

8. AGE: Years Months Days If less than one day
64 11 7 hr. min.
9. Birthplace Red Bud Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Iron Molder

Other conditions (Include pregnancy within 3 months of death) 950
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name Louis J. Schmidt
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Eufelia Goetting
15. Birthplace Red Bud Illinois
(City, town, or county) (State or foreign country)
16. (a) Informant Margaret Schmidt
(b) Address Lemay Bx. 91 Rt. 11 Mo. 23
17. (a) Burial (b) Date thereof 9/18/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.
18. (a) Signature of funeral director J. L. Ziegenhein & Sons
(b) Address 7037 Gravois
19. (a) 9-18-48 (b) Carl A. J. ...
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury 0
Signature Dr. W. J. ... (M. D. or other)
Address 9436 Florio Date signed 9-16-48

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

96
03

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..... *W. G. Peterson*

Licensed Embalmer No. *3767*

P. O. Address *7027 Gravois*

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.