

FILED JAN 11 1949 **318**

Primary Registration District No. **1003**

Registrar's No. **11123**

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

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:
1650 So. 39th. Street
(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 65 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County W
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL"
 (d) Street No. 1650 So. 39th St
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3: (a) PRINT FULL NAME George Schmith
 3. (b) If veteran, name war no 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 22
 year 1948 hour 10 minute 45 A.M.
 21. I hereby certify that I attended the deceased from 1944
 _____, 19____, to _____, 19____;
 that I last saw him alive on Feb 22, 1948, 19____;
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, married
 6. (b) Name of husband or wife Lena Schmith 6. (c) Age of husband or wife if alive 73 years
 7. Birth date of deceased December 15th, 1865
(Month) (Day) (Year)

Immediate cause of death Coronary thromboses sudden
 Due to Chronic myocarditis 10-20 yrs
 Due to _____
 Other conditions none
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>0</u>	<u>7</u>	_____ hr. _____ min.

Major findings:
 Of operations none
 Of autopsy none
PHYSICIAN
 Underline the cause to which death should be charged statistically.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)
 10. Usual occupation Linotype Operator
(Newspaper) Retired
 11. Industry or business _____
 12. Name Rudolph Schmith
 13. Birthplace Germany 7
(City, town, or county) (State or foreign country)
 14. Maiden name Magdalena Ellison
 15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) none
 (b) Date of occurrence none
 (c) Where did injury occur? none
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant 1650 So. 39th. Street
 (b) Address _____
 17. (a) Cremation (b) Date thereof 12/27/1948
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Missouri Crematory
 18. (a) Signature of funeral director Mary L. Weidmuller
 (b) Address 6203 Gravois Ave.
 19. (a) DEC 24 1948 (b) J. B. Lasater
(Date received local report) (Registrar's signature)

While at work? _____
(Specify type of place) (c) Means of injury
 23. Signature Ornton C. Kell (M. D. certifier)
 Address 3902 1/2 Lafayette Date signed 12/22/48

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.....

Licensed Embalmer No.....

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.