V. S. No. 300
50M—10-47
Rev. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

41992

State File No.

FILED DEC 31 1948

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 2772

96
2
3

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
DOA St. Louis County Hospital 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 61 FE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town South Affton
(If outside city or town limits, write "RURAL")

(d) Street No. Tesson Ferry Road.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME August Schmelig

3. (b) If veteran, name war no

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 Bertha Schmelig

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased March (Month) 28 (Day) 1871 (Year)

8. AGE: Years 71 Months 8 Days 1 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business Alpha Cement Co.

FATHER
12. Name Unknown Schmelig
13. Birthplace (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Selma Schmellig
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Bertha Schmelig

(b) Address Tesson Ferry Road Rt. 14, Affton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 2, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Johns Cem. Mehlville, Mo.

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 S. Broadway

19. (a) 12-1-48 (Date received local registrar) (b) Muriel V. Lininger M.D. (Registrar's signature) B.H.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29 year 1948 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov, 1947, to 10/14, 1948 that I last saw him alive on 10/14, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	1 day
Due to arteriosclerotic heart disease.	1 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	

93d

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 Robert W. Tichenor (M. D. or other) M.D.
Address 4602 Gravois St. Louis 16 Mo. Date signed 11/29/48

(Licensed Embalmer's Statement on Reverse Side)

RW Dickerson
4602 Bronx
Rl 46000
7-9

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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.