

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **42747**

National Office of Vital Statistics

FILED JAN 24 1949

Registration District No. **317**Primary Registration District No. **3066**Registrar's No. **8888**

1. PLACE OF DEATH:

(a) County **St. Louis**
 (b) City or town **Kirkwood**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution **R. R. #13, Ballas Road**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **83 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **John G. Schmidt**

3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Married**
 6. (b) Name of husband or wife **Mary** 6. (c) Age of husband or wife if alive **74** years
 7. Birth date of deceased **November 9 1865**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	83	1	16	hr. _____ min. _____

9. Birthplace **Ellisville, Missouri**
(City, town, or county) (State or foreign country)10. Usual occupation **Retired**

11. Industry or business _____

MOTHER FATHER
 12. Name **Henry Schmidt**
 13. Birthplace **Germany**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **Germany**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Edward L. Schmidt**
 (b) Address **R. R. #13, Kirkwood, Mo.**
 17. (a) **Burial** (b) Date thereof **12/28/48**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **St. Paul Cemetery**

18. (a) Signature of funeral director **Louis H. Bonn, Inc.**
 (b) Address **131 W. Argonne Dr., Kirkwood**
 19. (a) **12-28-48** (b) **Henry Schmidt**
 (Date received local registrar) (Registrar's signature)

19. Address **204 E. Big Bend** Date signed **12-27-48**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
 (c) City or town **Kirkwood**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Ballas Rd., R. R. #13**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **25**
year **1948** hour **8:00 PM** minute _____ M

21. I hereby certify that I attended the deceased from **8-23**
8-23 19 **48** to **12-25-** 19 **48**
 that I last saw him alive on **12-23-48** and that death occurred on the date and hour stated above.
 Duration

Immediate cause of death **Arteriosclerotic heart disease** years
Senility

Due to _____

Due to **93d** _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **1/200**

Of autopsy _____

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 _____

3. Signature **Harvorth Allister** (M. D. **XXX**)Address **204 E. Big Bend** Date signed **12-27-48**

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 Felie Howard

Licensed Embalmer No. 3084

P. O. Address Kirkwood 327

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.