

DEC 13 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39399
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1002**
(c) City **St. Louis, Mo.** (d) Street No. **City Pharmacy** St. **10386**
(e) Length of residence in city or town where death occurred **4** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Fritz Schimmle**

(a) Residence, No. **5800 Arsenal** St. **13**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **EMMA, SCHIMMLE Unknown**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **FEB 2, 1864**

7. AGE YEARS **73** MONTHS **8** DAYS **18** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **None**
9. Industry or business in which work was done, as saw mill, bank, etc. **Stonemason**
10. Date deceased last worked at this occupation (month and year) **June 1931** 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Germany**

13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **" "**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **" "**

17. INFORMANT (ADDRESS) **J.G. Sullivan 5800 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Memorial Park Ann.** DATE **Nov 9 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Stepand Funeral Home 1167 Hamilton Ave**

20. **8** AON 19 **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **November 7, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **September 16, 1937** to **November 7, 1937**

I last saw him alive on **November 7, 1937** Death is said to have occurred on the date stated above, at **10:05 A.M.**

The principal cause of death and related causes of importance were as follows:

Sepsis
Myotuberculosis
Osteomyelitis
Chl
Arteriosclerosis
Date of onset **154**

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify City or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify..... (Signed) **J. S. P. L. A. T. O. N. H. O. S. P.**
(Address) **J. S. P. L. A. T. O. N. H. O. S. P.**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed

Merle Shepard

Licensed Embalmer No. 3555

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.)