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.

REC'D MAY 10 1939

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

12871
Do not use this space.
3213

Registration District No. 791
Primary Registration District No. 1003
Registered No.

1. PLACE OF DEATH

(a) County
(b) Township
(c) City or Town St. Louis, Missouri.
(d) Street No. Deaconess Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 3 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Rev. Gustav R. Schmeisser 52½

(a) Residence, No. St. NR. Forestel, Missouri.
(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*): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Paula Schmeisser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22, 1881.

7. AGE: Years 58 | Months 0 | Days 13 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Minister
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) April 5, 1939.
11. Total time (years) spent in this occupation 37 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kleinscamaldkden, Germany. 6

FATHER
13. NAME Johannas Schmeisser 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kleinscamaldkden, Germany.

MOTHER
15. MAIDEN NAME Augusta Unknown. 6
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany.

17. INFORMANT Mrs. Paula Schmeisser
(ADDRESS) Forestel, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cappeln Missouri. DATE April 9, 1939

19. FUNERAL DIRECTOR (NAME) Albert H. Hoppe Inc.,
(ADDRESS) 4700 Washington Blvd.

20. FILED APR 5 1939 J. D. Bruner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on 4/5/39. Death is said to have occurred on the date stated above, at 10 A.M. m.

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

	Date of onset
1st 2nd, 3rd Degree Burns over more than 50% of Body suffered when deceased's clothes became ignited when he poured Kerosene into a	

Other contributory causes of importance:
Bonfire in the yard in the rear of his home at Forestel Mo on 4/4/39 about 8:00 P.M.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4/4, 1939
Where did injury occur? Forestel Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Alfred Perry M. D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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 Albert F. Hopp

Licensed Embalmer No. 2951

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.