

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

17270  
 Do not use this space.

REC'D JUN 12 1939

**1. PLACE OF DEATH**

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1008**  
 (c) City **St. Louis, Mo.** (d) Street No. **St. Anthony 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. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Mr. George F. Schmidt

(a) Residence, No. 3836 S. Compton Avenue St. **24** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**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 Mrs. Dora Hunnius Schmidt  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1st, 1865  
 7. AGE YEARS MONTHS DAYS if LESS than 1 day, ..... hrs. or ..... min.  
**73 11 23**  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Book Binder  
 9. Industry or business in which work was done, as saw mill, bank, etc. Publishing House  
 10. Date deceased last worked at this occupation (month and year) March 28, 1939 11. Total time (years) spent in this occupation 59 yrs.

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri  
 (STATE OR COUNTRY)

13. NAME Alexander Schmidt  
 14. BIRTHPLACE (CITY OR TOWN) Baden, Germany  
 (STATE OR COUNTRY)

15. MAIDEN NAME Henrietta Wensel  
 16. BIRTHPLACE (CITY OR TOWN) Baden, Germany  
 (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs. Dora H. Schmidt, 3836 S. Compton Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Park DATE May 27, 1939

19. FUNERAL DIRECTOR Beiderwieden F. H. Inc.  
 (ADDRESS) 1936 St. Louis Avenue

20. FILED MAY 26 1939 J. B. Beider Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1939, to May 25, 1939  
 I last saw him alive on May 25, 1939 Death is said to have occurred on the date stated above, at 11:50 A.M.  
 The principal cause of death and related causes of importance were as follows:

Acute Coronary Arteriosclerosis  
Myocardial Infarction  
 Date of onset May 25, 1939

Other contributory causes of importance:  
Essential Hypertension  
Chronic Nephritis  
Chronic Bronchitis  
Chronic Sinusitis  
 Name of operation none Date of June 1938

What test confirmed diagnosis? Clinical Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? none 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 none  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_

(Signed) J. B. Beider M. D.  
 (Address) 2757 Grand Ave

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MARION RESERVED FOR BIRTHING

V. S. NO. 2.  
 50M-7-20-37  
 I 1 X12904

Dr. J. C. Daubert  
27.67 Graves  
1-2130

**STATEMENT BY LICENSED EMBALMER**

I, Theo. W. Beiderwieden, Licensed Embalmer No. 506  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me  
L. E.  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.  
Signed Theo. W. Beiderwieden  
Licensed Embalmer No. 506

**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.)**