

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Registration District No. **791** Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH: **1003**
(a) County _____
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4310 Virginia Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME **Henry Schmittgens Sr.**
8. (b) If veteran, name war **No.** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Sophia** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **September 21 1856**
(Month) (Day) (Year)

8. AGE: Years **82** Months **19** Days **22** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Special Agent**

11. Industry or business **Railroad Retired**

MOTHER FATHER
12. Name ---
13. Birthplace ---
(City, town, or county) (State or foreign country)
14. Maiden name ---
15. Birthplace ---
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Henry Schmittgens**
(b) Address **4310 Virginia Ave.**

17. (a) **Burial** (b) Date thereof **July 17 1939**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **SS. Peter and Paul**

18. (a) Signature of funeral director **J. H. Eberlein & Co.**
(b) Address **2842 Laramie St.**

19. (a) **JUL 14 1939**
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **15**
(If outside city or town limits, write "RURAL")
(d) Street No. **4310 Virginia Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **13**
year **1939** hour **4** minute **45** P.M.

21. I hereby certify that I attended the deceased from **January 1 1939**
to **July 13 1939**
that I last saw him alive on **July 1 1939**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic ~~bronchitis~~ myocarditis**
Duration **Unknown**

Due to **[Signature]**
Due to **[Signature]**
Other conditions **arteriosclerosis**
(Include pregnancy within 3 months of death) **Unknown**

PHYSICIAN
Major findings: **no**
Of operations **no**
Of autopsy **no**
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) **no**
(b) Date of occurrence _____

23. 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?

While at work? _____ (Specify type of place)
(e) Means of injury **1**

28. Signature **N. Schneider MD** (M. D. or other)
Address **3318 S. Grand** Date signed **7-14-39**

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 Herman A. Gebken

Licensed Embalmer No. 2120

P. O. Address.....

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, above space should be left blank.