DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37782

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 9621

1. PLACE OF DEATH:

(a) County: 1

(b) City or town: St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DePaul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: One Day (Specify whether
In this community: 20 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 1

(c) City or town: St Louis 6
(If outside city or town limits, write "RURAL")

(d) Street No. 5064 Ridge Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 51 Years years.

3. (a) PRINT FULL NAME: Christ Schmidt 530

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: Widowed

6. (b) Name of husband or wife: Louise Schmidt

6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: Sept (Month) 20 (Day) 1864 (Year)

8. AGE: Years 75 | Months 1 | Days 19 | If less than one day _____ hr. _____ min.

9. Birthplace: Germany 1 (City, town, or county) Germany (State or foreign country)

10. Usual occupation: Tailor Retired 1

11. Industry or business: 6

FATHER
12. Name: Unknown 6
13. Birthplace: (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature: Wm Schmidt
(b) Address: 5064 Ridge Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov 11 1939 (Month) (Day) (Year)
(c) Place: burial or cremation: Valhalla Cem

18. (a) Signature of funeral director: Beiderwieden Funl Home
(b) Address: 1936 St Louis Ave

19. (a) NOV 10 1939 (Date received local registrar) (b) J. F. Budich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9 year 1939 hour 2:10 minute A M.

21. I hereby certify that I attended the deceased from Dec 31, 1939 to Nov. 9, 1939 that I last saw him alive on Nov. 9, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute myocarditis	1 wk
Caused by chr myocarditis	
Due to Toxic condition	1 wk
Due to intestinal stasis	1 wk
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 93
Of autopsy: _____

PHYSICIAN — 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)
(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

23. Signature: H. H. Helbing (M. D. or other)
Address: 4963 Clemens Date signed 11/9/39

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Max Varfel, Registered Apprentice No. 215, working under my personal supervision.

Signed Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 1936 St Louis Co

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.