

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. 701

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

- (a) County 1003
- (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:  
3626 Utah Place  
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)
- In this community 50 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County 1
- (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")
- (d) Street No. 3626 Utah Place  
(If rural, give location)
- (e) If foreign born, how long in U. S. A. 50 years.

8. (a) PRINT FULL NAME

John Schmoll

8. (b) If veteran, name war \_\_\_\_\_

8. (c) Social Security No. \_\_\_\_\_

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife

Sophia H. Schmoll

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased

Feb. 16 1870  
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

69

10

15

hr. \_\_\_\_\_ min.

9. Birthplace

Amsterdam

Holland

(City, town, or county)

(State or foreign country)

10. Usual occupation

Receiver

11. Industry or business

East Brewery

MOTHER FATHER { 12. Name

Gerritt Schmaoll

13. Birthplace

Holland

(City, town, or county)

(State or foreign country)

14. Maiden name

unknown

HOLLAND

15. Birthplace

Holland

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

Sophia Schmoll

(b) Address

3626 Utah Place

1940

17. (a) Burial

(b) Date thereof

Jan. 3, 1940

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Churchyard

18. (a) Signature of funeral director

John L. Ziegenhein & Sons

(b) Address

7027 Gravois Ave.

19. (a) DEC 31 1939

(b) \_\_\_\_\_

J. F. Fischer

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31  
year 1939 hour 6 minute 15 A. M.

21. I hereby certify that I attended the deceased from home  
15 1939 to Dec 31<sup>st</sup> 1939  
that I last saw him alive on Dec 30 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Occlusion

Duration

to time

Due to

Chronic Hypertension

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations \_\_\_\_\_

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? \_\_\_\_\_

23. Signature Att. Hameel  
Address 1460 So. Franklin  
Date signed 1/2/40

JAN 2, 1940  
1/2/1940

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**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 C. P. Kidwell  
Licensed Embalmer No. 3877  
P. O. Address 6937<sup>a</sup> Gravois

**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.**

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 42150

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 11273

1. PLACE OF DEATH:

(a) County St Louis  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
In this community \_\_\_\_\_ (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Schmoll

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband, or wife, if alive \_\_\_\_\_ year

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 10 15 hr min

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

10. Usual occupation

11. Industry or business

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

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof 1-3-1940 (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

20. DATE OF DEATH Month Dec day 31 year 1939 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above. Immediate cause of death \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature A. H. Hamilton (M. D. or other) \_\_\_\_\_

Address 1460 So Grand St Louis Date signed 1/2/1940

SUPPLEMENTAL

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

