

150 AUG 25 1940 91
Registration District No. 1003

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days
(Specify whether _____)
In this community _____
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 2632 @ S. 7th. Street
(If rural, give location) _____
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Casper 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 Elizabeth 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 1, 1855
(Month) (Day) (Year)

8. AGE: Years 85 Months 6 Days 11 If less than one day, hr. _____ min. _____

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Mill-work 9

11. Industry or business Un-employed 9

12. Name John Schmidt 9

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

14. Maiden name Anna (nee Schmidt)

15. Birthplace Dont know (City, town, or county) (State or foreign country)

16. (a) Informant Walter Schmidt

(b) Address 2856 1/2 S. Jefferson Ave

17. (a) Burial (b) Date thereof 7/15/1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mathew Cemetery

18. (a) Signature of funeral director J. H. Gribben & Sons Co

(b) Address 2630 Gravois Avenue

19. (a) JUL 14 1940 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12,
year 1940 hour 11:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from July 9, 1940 to July 12, 1940
that I last saw him alive on July 12, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Thromboses of Pulmonary Artery Rt. Lower Lobe
Due to No pneumonia
Due to Cause unknown

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1110 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? _____ (b) Means of injury _____
23. Signature E. J. Dyer (M. D., physician) _____
Address 1515 Lafayette Date signed 7/13/40

MOTHER FATHER

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

2842 Meramec Street

P. O. Address St. Louis, Mo.

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.