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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

27156

State File No.

FILED SEP 25 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7052

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

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 1 Mo. 24 Days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")

(d) Street No. 3426 Indiana Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Hugo Schmidt 530

3. (b) If veteran, name war No

3. (c) Social Security No 489-10-3006

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Minnie

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Jan. 17, 1874
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	7	1	hr. min.

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

10. Usual occupation W.P.A. Laborer

11. Industry or business

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

MOTHER
14. Maiden name Latharina Satorius
15. Birthplace Germany 6
(City, town, or county) (State or foreign country)

16. (a) Informant Minne Schmidt
(b) Address 3426 Indiana Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/21/40
(Month) (Day) (Year)
(c) Place: burial or cremation Old St. Matcus Cem.

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Ave

19. (a) AUG 20 1940 (Date received local registrar) (b) J. F. Brodick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18, year 1940 hour 10:15 minute P. M.

21. I hereby certify that I attended the deceased from June 27, 1940 to August 18, 1940 that I last saw him alive on August 18, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancinoma of Sigmoid colon	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Colostomy May 3-1940

Of autopsy None

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. L. Fowler (M. D. or other)
Address 1515 Lafayette Ave. Date signed 8/19/40

(Licensed Embalmer's Statement on Reverse Side)

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 L. R. Cooper

Licensed Embalmer No. 2633

P. O. Address 2317 Lafayet

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.