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103

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37387

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 9660

FILED DEC 11 1940

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5416 Neosho St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William R. Schmidt
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Late Sarah Schmidt
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. (Month) 28th (Day) 1849 (Year)

8. AGE: Years	Months	Days	If less than one day
91	0	25	hr. min.

9. Birthplace Cincinnatti (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Picture Framer
11. Industry or business retired 15 Yrs.
FATHER 12. Name Unknown Schmidt
FATHER 13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER 14. Maiden name Unknown
MOTHER 15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Mrs. Elsa Kuehne
(b) Address 5416 Neosho Ave.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11-25-40 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory
18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.
19. (a) NOV 25 1940 (Date received local registrar) (b) J. B. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22nd year 1940 hour 8:15 minute P.M. M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Interlobar pneumonia (Duration)
Fracture of left femur
Autopsy Sclerosis
Due to Fall
Suffered when deceased fell while descending the steps leading to the basement at his home 5416 Neosho St
Due to
Other conditions (Including pregnancy within 3 months of death)
Major findings:
Of operation Oct 30-1940 at home
Of autopsy 7 30 Am

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) Accident
(b) Date of occurrence Oct 30-1940
(c) Where did injury occur? Home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? Means of injury
23. Signature (M. D. or other)
Address Date signed 11/25/40

(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 Elmer M. McDermott

Licensed Embalmer No. 3024

P. O. Address.....

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, fact should be so stated above.