

No. 2  
4-13-40  
5-17-39  
I X23159

FEB 25 1941

Registration District No. 791

Primary Registration District No. 1003

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

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: St. Anthony Hospital 01  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 53 years (Specify whether years, months or days)

In this community 53 years

3. (a) PRINT FULL NAME JACOB SCHMITT

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 Married

6. (b) Name of husband or wife Lena Schmitt 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Aug. 17 1878  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>4</u>	<u>20</u>	hr. _____ min. _____

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

10. Usual occupation Retired Jeweler

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Peter Schmitt

13. Birthplace Germany

14. Maiden name Elizabeth Rapp (State or foreign country)

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

16. (a) Informant Lena Schmitt

(b) Address 518 Bellerive

17. (a) Burial (b) Date thereof Jan. 9 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New S.S. Peter & Paul

18. (a) Signature of funeral director Thos. Kutas & Son

(b) Address 2906 Gravois St. Louis

19. (a) JAN 7 1941 (Date received local registrar)

J.F. Budick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 518 Bellerive (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6  
year 1941 hour 12 minute 20 P.M.

21. I hereby certify that I attended the deceased from Dec 10 1940  
to Jan 6 1941  
that I last saw him alive on Jan 6 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage (Apoplexy)

Due to Arterio Sclerosis

Due to Hypertensive rage

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: none

Of operations none

Of autopsy none

Duration 3 1/2 days

Physician Grad of med

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? \_\_\_\_\_

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

(e) Means of injury \_\_\_\_\_

23. Signature W.A. Fries (M. D. or other)

Address 1544 So Broadway Date signed 1/7-41

1544 S. Broadway

**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.....

.....  
working under my personal supervision.

*Leo Budd*

....., Registered Apprentice No.....

Signed.....

*Leo Budd*

Licensed Embalmer No. *3989*

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, fact should be so stated above.