

S. No. 2  
A-4-13-40  
v. 5-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **12499**  
Registrar's No. **2929**

Registration District No. **791** Primary Registration District No. **1003**

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17  
9  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: **St. Anthony's Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 Day**  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

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. **5069 Rhodes Ave.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **WILLIAM A. SCHMIT**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **March** day **31st**  
year **1941** hour **4** minute **7** M.

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

21. I hereby certify that I attended the deceased from **Jan 16**, 19**41**, to **March 31**, 19**41**;  
that I last saw him alive on **March 31**, 19**41**  
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Married**  
6. (b) Name of husband or wife **Katherine** 6. (c) Age of husband or wife if alive **69** years  
7. Birth date of deceased **June 21 1869**  
(Month) (Day) (Year)

Immediate cause of death **ruptured Saccular aneurysm of left carotid artery** Duration **36 hrs**

8. AGE: Years Months Days If less than one day  
**71** **9** **10** hr. min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

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

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

10. Usual occupation **Insurance Agent**

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

MOTHER FATHER { 12. Name **John Schmit**  
13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Katherine Nepper**  
15. Birthplace **Belgium**  
(City, town, or county) (State or foreign country)

Of autopsy **ruptured saccular aneurysm of left carotid artery**

16. (a) Informant **Katherine Schmit**  
(b) Address **5069 Rhodes Ave.**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **no**  
(b) Date of occurrence \_\_\_\_\_

17. (a) **Burial** (b) Date thereof **April 4, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **St. Peter & Paul Cemetery**

(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? \_\_\_\_\_

18. (a) Signature of funeral director **H. Belden Lane & Ward, Co.**  
(b) Address **2842 Meramec St.**

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

19. (a) **APR 2 1941** (b) **J. J. Bredeck**  
(Special Registrar) (Registrar's signature)

23. Signature **H. Belden Lane** (M. D. or other) **W. S.**  
Address **3218 S Grand** Date signed **3-21-41**

**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.....Me.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....Robert I. Gebken.....

Licensed Embalmer No.....4144.....

P. O. Address.....2842 Meramec St.  
St. Louis, Missouri.....

**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.**