V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS 191

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

13040

State File No. 4041

FILED MAY 19 1942

Registration District No. 1003

Primary Registration District No.

Registrar's No.

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:
4198a Sacramento Ave.
(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 Missouri. (b) County 000

(c) City or town St. Louis. 10 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4198a Sacramento Ave. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Fred J. Schmidt.

3. (b) If veteran, name war No.

3. (c) Social Security No. 488-07-3549

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Agnes Schmidt

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased December 22 1886
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
55	4	13	hr. min.

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

10. Usual occupation Butcher

11. Industry or business Lenz Market.

MOTHER FATHER

12. Name George Schmidt.

13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lena Staufer.

15. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Agnes Schmidt.

(b) Address 4198a Sacramento Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-42 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) MAY 7 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

844 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1942 hour 3:30 P.M. minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 , that I last saw h alive on , 19 , and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation due to hanging, when deceased was found hanging by a rope from bannister of stairway at his home 4198a Sacramento Ave., on May 5th, 1942, at about 3:30 P.M., while suffering from temporary mental aberration.

Duration

Due to SUICIDE

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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) SUICIDE

(b) Date of occurrence May 5, 1942

(c) Where did injury occur? St. Louis, Mo.
(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? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed 5/7/42

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis ave.

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.