

No. 2
1-5-42
5-17-39
P1 X32873

State File No.
Registrar's No.

FILED AUG 6 1942

Registration District No. 704 Primary Registration District No. 1003

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:
Lutheran Altenheim 48721 Halls Ferry
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. Luth Altenheim, 8721 Halls Ferry
(If rural, give location)
 (e) Citizen of foreign country?..... -- (Yes or No)
 If yes, name country..... --

3. (a) PRINT FULL NAME Daniel H. Schmidt
 (b) If veteran, name war..... --
 (c) Social Security No..... --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1942 hour 9 minute 45 P.M.

4. Sex Male 5. Color or race W
 6. (a) Single, widowed, married, divorced Widowed
 (b) Name of husband or wife Louisa Carey (c) Age of husband or wife if alive -- years
 7. Birth date of deceased: August 2 1853
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1 1942 to July 27 1942 that I last saw him alive on July 24 1942 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>11</u>	<u>25</u>	hr. min.

Immediate cause of death Chronic Myocarditis Duration 5 yrs.

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

Due to Senility
 Due to.....
 Other conditions (Include pregnancy within 3 months of death).....
 Major findings: Of operations.....
 Of autopsy.....

10. Usual occupation.....
 11. Industry or business.....

12. Name Christian Schmidt
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Mary (Unknown)
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

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

16. (a) Informant Miss Bernice Huegel
 (b) Address 4250 Neosho
 17. (a) Burial (b) Date thereof July 30, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

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)

(c) Place: burial or cremation New St. Marcus
Beiderwieden F. Home Inc.
 18. (a) Signature of funeral director.....
 (b) Address 1936 St. Louis Ave.
 19. (a) Jul 29 1942 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

While at work?.....
 (Specify type of place) (c) Means of injury.....
 23. Signature Melvin Tesan (M. D. or other) M.D.
 Address 3611 St. Louis Ave. Date signed 7-29-42

Dr. Melvort Kess.
143rd
Mary Court Bldg.

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..... *Felix J. Krispin*
Licensed Embalmer No..... *3497*
P. O. Address..... *1936 St. Louis*

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.