7. S. No. 2
50M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 1 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35876

Primary Registration District No. 1003

Registrar's No. 9838

1. PLACE OF DEATH:
(a) County: MISSOURI
(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. LOUIS CHILDRENS HOSPITAL
(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: 000 17
(a) State: Missouri (b) County: 23 9
(c) City or town: St Louis (If outside city or town limits, write "RURAL.")
(d) Street No.: 1830 - S 12 - St (If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: MARVIN GEORGE SCHMIDT
3. (b) If veteran, name war: no
3. (c) Social Security No.: — —
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: Oct (Month) 25 (Day) 1930 (Year)
8. AGE: Years 12 Months 1 Days 0 If less than one day ____ hr. ____ min.
9. Birthplace: St Louis (City, town, or county) 0 (State or foreign country)
10. Usual occupation: School
11. Industry or business: ____
FATHER
12. Name: George Schmidt
13. Birthplace: Illinois (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name: Ida Becker
15. Birthplace: Illinois (City, town, or county) 1 (State or foreign country)
16. (a) Informant: Ida Becker
(b) Address: 1930 So 12th St.
17. (a) ____ (Burial, cremation, or removal) (b) Date thereof: Burial (Month) (Day) (Year)
(c) Place: burial or cremation: New Picker
18. (a) Signature of funeral director: Wm E Moydell
(b) Address: 1926 allen ave
19. (a) NOV 25 1942 (Date received local registrar) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 25 year 42 hour 10 minute 10 A.M.
21. I hereby certify that I attended the deceased from 4-30, 1941, to 11-25, 1942, that I last saw him alive on 11-25-42, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	1 wk
Pericardial effusion	
Due to: Bilateral hydronephrosis	3 years
Due to: Bladder neck obstruction (congenital)	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: Not done	

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) ____
(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)
While at work? ____ (e) Means of injury ____
23. Signature: L. L. Barnett (M. D. or other)
Address ____ Date signed ____

(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 me

, Registered Apprentice No. [redacted],

working under my personal supervision.

Signed Wm G Moydell

Licensed Embalmer No. 1467

P. O. Address 1926 Allen 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.