

FILED
MAY 14 1943
Registration District No. 318

Primary Registration District No. 1003

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:
881 Wall Str.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
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. 3141 No. 11 Str
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Frederick William Schmid
3. (b) If veteran, name war None 3. (c) Social Security No. 489-22-3092

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 4
year 1943 hour 4 minute 30 P. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clara Schmid 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Aug. 24. 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 10 1942 to May 4 1943
that I last saw him alive on May 4 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
57 8 10 hr. min.

Immediate cause of death Cancer of Brain Duration 18 mo.

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

Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 54

10. Usual occupation Laborer
11. Industry or business St. Louis Park Dept.

PHYSICIAN
Major findings: Of operations
Of autopsy.....
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name Anton Schmid
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Beth Leber
15. Birthplace Switzerland
(City, town, or county) (State or foreign country)

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?

16. (a) Informant Mrs. Clara Schmid
(b) Address 3141 No. 11 Str
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/7/43
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director M. W. Stork
(b) Address 2117 E. Grand Blvd.
19. (a) MAY 6 1943 (Date received local registrar) J. F. Bedesch (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury ☐
23. Signature G. R. Shuffler (M. D. or other)
Address 1020 Mo. Theatre Bldg. Date signed 5-5-43
St. Louis, Mo.

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

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.....

Frank A. Moore

Licensed Embalmer No.....

3041

P. O. Address.....

2117 E. Grand

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.