

22495

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 0

S. No. 2

M-9-4-41

5-17-39

PI 22-1-38

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1553

## 1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town Lemay Township  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 3  
 (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)

3. (a) PRINT FULL NAME William Schmieder Jr.3. (b) If veteran, name war N 3. (c) Social Security No. 499-12-92514. 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 May 5 1925  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
18 1 29 hr. min.9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Printer

11. Industry or business.....

12. Name William Schmieder13. Birthplace Illinois  
(City, town, or county) (State or foreign country)14. Maiden name Clara Lorcom15. Birthplace Illinois  
(City, town, or county) (State or foreign country)16. (a) Informant William Schmieder(b) Address 3007 Indiana Ave.17. (a) Burial (b) Date thereof 7/7/43  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation SS. Peter and Paul18. (a) Signature of funeral director Wm. C. Moydell(b) Address 1926 Allen Ave.19. (a) JUL 7 1943 (b) C. D. McFlannery  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3007 Indiana Ave.  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4  
year 1943 hour 5:30 minute P 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 Drowned in Meramec River. DurationDue to Drowning.

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy Yes.

## 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) Accident 096(b) Date of occurrence July 4, 1943(c) Where did injury occur? Meramec River  
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public place

While at work? (Specify type of place)

(e) Means of injury 1833623. Signature Louis H. Barr (M. D. or other)  
Address Kirkwood, Mo. 7-6-43 Date signed.....

(Licensed Embalmer's Statement on Reverse Side)

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

006

**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 D. M. Davis

Licensed Embalmer No. 3741

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.**