

V. S. No. 2
100M-2-43
Re 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

SEP 3 1943

Registration District No. 312

Primary Registration District No. 4003

Registrar's No. 3053

1. PLACE OF DEATH:

(a) County _____

(b) City or town City of St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Anthonys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mo. 18 days
(Specify whether years, months or days)

In this community about 55 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 5512 Tennessee
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fred Schmidt

3. (b) If veteran, name war none

3. (c) Social Security No. none

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 November 15 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>9</u>	<u>9</u>	hr. _____ min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Brewery worker

11. Industry or business Anheuser Busch Brewery

12. Name Claus Schmidt

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Sophia Remels

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Frank A. Wagonfuhr

(b) Address 5512 Tennessee

17. (a) cremation (b) Date thereof 8-26-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 South Grand Blvd.

19. (a) AUG 25 1943 (b) J. F. Brebeck
(Date received local for registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24
year 1943 hour 6 minute _____ a. M.

21. I hereby certify that I attended the deceased from May 28, 1943, to Aug 24, 1943;
that I last saw him alive on Aug 23, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to Carcinoma of Lung

Due to Multiple lung abscesses

Duration ?

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Other conditions ATI
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy as above

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? _____

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature J. F. Brebeck (M. D. or other) _____
Address 5417 N Grand Blvd Date signed 8/24/43

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

MOTHER FATHER

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 *Virgil L. Berryman*
Licensed Embalmer No. *4018*
P. O. Address *St. Louis, Mo*

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.