

FILED NOV 18 1943
Registration District No. **318**

Primary Registration District No. _____

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:
3227 Itaska Street,
(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

3. (a) PRINT FULL NAME VILMOS K. SCHMIDT

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male, 5. Color or race White,

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Schmidt,

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased February 7, 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

56	8	24	_____ hr. _____ min.
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9. Birthplace Hungary,
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist,

11. Industry or business St. Louis Star-Times,

MOTHER FATHER

12. Name Stephan Schmidt,

13. Birthplace Don't Know,
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hubacek,

15. Birthplace Don't Know,
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Schmidt,

(b) Address 3227 Itaska St.,

17. (a) Burial, (b) Date thereof 11/3/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul Cem.

18. (a) Signature of funeral director Subken-Berg Mortuary

(b) Address 2842 Meramec St.

19. (a) NOV 2 1943 (b) J. F. Bredick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **000 17**

(a) State Missouri, (b) County _____

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

(d) Street No. 3227 Itaska Street,
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31
year 1943 hour 12: minute 45 A.M.

21. I hereby certify that I attended the deceased from Oct 29, 1943, to Oct 31, 1943
that I last saw him alive on Oct 31, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Occlusion 1 hour.

Due to _____

Coronary Artery Disease 6 yrs.

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none

Of operations _____

Of autopsy no

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature A. J. Shelton (M. D. Med)

Address 4203 Virginia Date signed 11-1-43

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 Joe S. Benz

Licensed Embalmer No. 4249

2842 Meramec St.,

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.