S. No. 2
M—2-43
5-17-39
I X35897

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

36907

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 9 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10408

1. PLACE OF DEATH:

(a) County: St. Louis

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

(c) Name of hospital or institution: 1330 Arsenal St. 1
(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: 004

(a) State: Mo. (b) County: 17

(c) City or town: St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No.: 1330 Arsenal St 24
(If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: Jacob Schmitz

3. (b) If veteran, name war: no.

3. (c) Social Security No.: no.

4. Sex: Male

5. Color or race: white

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

6. (b) Name of husband or wife: Annie Schmitz

6. (c) Age of husband or wife if alive: 62 years

7. Birth date of deceased: June (Month) 10 (Day) 1875 (Year)

8. AGE: Years 68 Months 5 Days 16 If less than one day hr. min.

9. Birthplace: Rumania (City, town, or county) 6 (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: Baltimore Ohio R.R.

FATHER
12. Name: Nicholas Schmitz
13. Birthplace: Roumania (City, town, or county) 6 (State or foreign country)

MOTHER
14. Maiden name: Katherine Michelz
15. Birthplace: Roumania (City, town, or county) 6 (State or foreign country)

16. (a) Informant: Annie Schmitz
(b) Address: 1330 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-43 (Month) (Day) (Year)
(c) Place: burial or cremation: S. S. Peter + Paul Cem

18. (a) Signature of funeral director: Mitt Bur. Co. Mo.
(b) Address: 2929 S. Jefferson Av.

19. (a) NOV 28 1943 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26 year 1943 hour 2 minute 00a M.

21. I hereby certify that I attended the deceased from [redacted], 1943 to [redacted] 12, 1943 that I last saw h[redacted] alive on 11-15-43, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Stenosis — Duration: 3

Due to: Cancer of Lungs

Due to:

Other conditions (Include pregnancy within 3 months of death): Rh Incompatibility

Major findings:
Of operations:
Of autopsy:

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: H. S. [illegible] (M. D. or other) M.D.
Address: 1803 [illegible] Date signed 11/27/43

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Gustav W. Dieterle

Licensed Embalmer No. 4329

P. O. Address 2929 S. Jefferson

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.