

FILED MAR 18 1946 318

Registration District _____ Primary Registration District No. **1002** Registrar's No. **2227**

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:
4332 Olive 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 **66 yrs.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** County **000**
17

(c) City or town **Saint Louis**
(If outside city or town limits, write "RURAL") **11/9**

(d) Street No. **4332 Olive St.**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **SCHMIDT-GUSTAVE**

3. (b) If veteran name was **Regular Army** 3. (c) Social Security No. _____

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

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

6. (c) Age of husband or wife if alive **77** years

7. Birth date of deceased **March 8 1863**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **5**
year **1946** hour **6** minute **0** M.

21. I hereby certify that I attended the deceased from **Feb 25**
1946, to **March 5** 1946,
that I last saw him alive on **March 5** 1946,
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
82	11	27	hr. _____ min. _____

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

Immediate cause of death **Hypostatic pneumonia** **2 days**

Due to **Chronic myocarditis** **1 year**

Due to **Chronic nephritis** **1 year**

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

11. Industry or business _____

MOTHER { 12. Name **unavailable**

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

14. Maiden name **unavailable**

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

16. (a) Informant **Louise Schmidt**

(b) Address **4332 Olive St.**

17. (a) **Burial** (b) Date thereof **Mar 8 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **National Cemetery of B.**

18. (a) Signature of funeral director **Wm. Henry Mortuary**

(b) Address **7024 Lindell Blvd.**

19. (a) **MAR 7 1946** (b) _____
(Date signed local registrar) (Registrar's signature)

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)

(a) Means of injury _____

23. Signature **Norton John Eversoell** (M. D. or other) **M.D.**

Address **4129 Washington Pl.** Date signed **3/6/46**

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

10541

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 *Ronald E. Yalunk*
Licensed Embalmer No. 3917
P. O. Address.....

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.