

No. 2  
DM-5-43  
v. 5-17-39  
I X36671

**FILED** JUL 15 1946

Registration District No.                      Primary Registration District No. 3069

**1. PLACE OF DEATH:**

(a) County St. Louis Co  
 (b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution St. Mary's Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution             
(Specify whether)  
 In this community Life  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis  
 (c) City or town St. Louis, Lemay  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 818 Cumberland Lemay Mo.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country                     

**3. (a) PRINT FULL NAME** Infant Schmidt,

3. (b) If veteran, name war No 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 June 17, 1946  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 6/17/46 Day  
 year            hour            minute            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                      Duration           

8. AGE: Years Months Days If less than one day  
0 0 0 2 hr.            min.

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation None

Due to Premature

Due to 159

Other conditions                       
(Include pregnancy within 3 months of death)

11. Industry or business                     

**MOTHER FATHER**

12. Name Gerard Schmidt,  
 13. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Meryl Crain,  
 15. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Gerard Schmidt,  
 (b) Address 818 Cumberland Lemay Mo

17. (a) Burial (b) Date thereof 6/20/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Valhalla Cemetery,

18. (a) Signature of funeral director Oscar J. Hoffmeister  
 (b) Address 4016 Chippewa

19. (a) 7-6-46 (b) Edm. Sarant  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations                      **PHYSICIAN**  
 Of autopsy                      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) (c) Means of injury           

23. Signature                      (M. D. or other)             
 Address                      Date signed 6-20-46

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

16

3021

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**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.....

Licensed Embalmer No.....

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.**