

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 10433

FILED DEC 17 1946
318
Registration District No. _____

Primary Registration District No. 1003

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:
Alexian Brothers Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
In this community 40 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 2840 Texas
(If rural, give location)

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

3. (a) PRINT FULL NAME John G. Schmidt

3. (b) If veteran, name war _____

3. (c) Social Security No. 493-10-3086A

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased: August 19, 1879
(Month) (Day) (Year)

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

67	3	20	hr. min.
----	---	----	----------

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

10. Usual occupation: Drawing Machine Operator

11. Industry or business: American Stove Company

MOTHER FATHER { 12. Name George Schmidt

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

14. Maiden name Mary Karnstock

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

16. (a) Informant: George Schmidt

(b) Address: 2230 Missouri

17. (a) Burial (b) Date thereof: Dec. 6, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: New St. Marcus Cemetery

18. (a) Signature of funeral director: Beiderwieden F. H., Inc.

(b) Address: 1936 St. Louis Avenue

19. (a) DEC 6 1946
(Date received local registrar)

J. F. Bredack
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3, year 1946 hour 7: minute 25 P. M.

21. I hereby certify that I attended the deceased from Dec 2, 1946, to Dec 3, 1946.
that I last saw him alive on Dec 3, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of sigmoid causing intestinal obstruction

Due to _____

Due to _____

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

Major findings: H/O

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: M

23. Signature: R. Berg (M. D. or other) _____
Address: 2253 Helix Date signed: 12/4/46

Dr. Ralph Berg
2253 Nebraska Avenue

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 Neal E. Coulson

Licensed Embalmer No. 4114

P. O. Address. 1936 St. Louis Ave

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.