

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42931

FILED JAN 7 1947

1003

State File No.

Registration District No. **318**

Primary Registration District No.

Registrar's No. **10949**

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **Enroute to City Hospital** **3**
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

(c) City or town **St. Louis** **2517**
(If outside city or town limits, write "RURAL")

(d) Street No. **1605 Market St.** **9**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) **6**
If yes, name country _____

3. (a) PRINT FULL NAME **Arnold C. Schmitt**

3. (b) If veteran, name war **Nil**

3. (c) Social Security No. **498-12-4520**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife **May Schmitt** 6. (c) Age of husband or wife if alive **Unk.** years

7. Birth date of deceased **June 29 1897**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	49	5	20	hr. _____ min. _____

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

10. Usual occupation **Laborer**

11. Industry or business _____

MOTHER FATHER {

12. Name **Charles Schmitt**

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

14. Maiden name **Lillian Schroeder**

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

16. (a) Informant **Richard F. Schmittgens**
(b) Address **5309 Nottingham Ave.**

17. (a) **Burial** (b) Date thereof **12-21-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Concordia Cemetery**

18. (a) Signature of funeral director **Albert H. Hoppe**
(b) Address **4700 Washington Blvd.**

19. (a) **DEC 20 1946** (b) **F. Breuer**
(Date received by local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **19**
year **1946** hour **5** minute **40** **6** 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 _____
Coronary Regurgitation

Due to **Coronary Regurgitation**

Due to **Myocardial Infarction**

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

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) Means of injury **3**
23. Signature **Patrick E Taylor** M.D. or other _____
Address **1300 Clark** Date signed **12 20 46**

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

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 Ernest W. Spillers
Licensed Embalmer No. 4080

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.