S. No. 2
1—12-45
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

41743

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 23 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42934

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10827

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: 5214 Finkman
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5214 Finkman
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME MAX SCHMIDT
3. (b) If veteran, name war WW #1
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 Hulda M. Schmidt
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Oct. (Month) 23 (Day) 1892 (Year)

8. AGE:	Years	Months	Days	If less than one day
	54	1	23	hr. ____ min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Special Clerk
11. Industry or business U. S. Post Office
FATHER
12. Name J. A. V. Schmidt
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Johanna Meixner
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Hulda M. Schmidt
(b) Address 5214 Finkman
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 19 1946 (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul's Churchyard
18. (a) Signature of funeral director C. HOFFMEISTER COLONIAL MORTUARY
(b) Address 6464 Chippewa St.
19. (a) DEC 17 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16th year 1946 hour 4 minute 45 P.M.
21. I hereby certify that I attended the deceased from Jan 10 - 1945, to Dec. 16 - 1946 that I last saw him alive on Dec. 16 - 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy — Duration 7 days
Due to Essential Hypertension — about 5 years
Due to ____
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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature [signature] (M. D. or other) MD
Address 3806 Frances Av Date signed 12/17/46

(Licensed Embalmer's Statement on Reverse Side)

FEB 14 1947

Dr. Wm. Weinsberg
3606 Gravois

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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..