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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 10 1947
#59716

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3128
Registrar's No. 877

Registration District No. 318 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, Missouri
(c) Name of hospital or institution: St. Louis City Hospital—Max C. Starkloff Memorial
(d) Length of stay: _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 1547 California
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES EDWARD SMITH (Schmitz)
3. (b) If veteran, name war --
3. (c) Social Security No. --

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 26th
year 1947 hour 2:00 minute _____ P. M.
21. I hereby certify that I attended the deceased from 1/20/47
to 1/26/47
that I last saw him in alive on 1/26/47
and that death occurred on the date and hour stated above.

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

Immediate cause of death Generalized (diffuse cerebro spinal) Radiculitis
Due to Unknown Cause
Duration 10 months

7. Birth date of deceased August 20th 1900
(Month) (Day) (Year)
8. AGE: Years 46 Months 5 Days 6
If less than one day _____ hr. _____ min.

Other conditions _____
Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation none

11. Industry or business _____
12. Name Charles Schmitz
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Delia Anglin
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Delia Schmitz
(b) Address 1546 California
17. (a) burial (b) Date thereof 1-29-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette Ave.
19. (a) _____ (b) J. F. Brebeck
(Date) (Registrar's signature)

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 George [Signature]
Address 1515 Lafayette Date signed _____

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 jos B Vollmer
Licensed Embalmer No 21014
P. O. Address 3125 Lafayette 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.