S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36704

FILED NOV 5 1947

Registration District No. 3477

Primary Registration District No. 6076

Registrar's No. 2278

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Ellisville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sunset Nursing Home 4
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution 3 years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Ellisville 0
(If outside city or town limits, write "RURAL")
(d) Street No. Sunset Nursing Home 0
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM SCHMIDT, SR.
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced 3
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 26. (Day) 1877 (Year)

8. AGE: Years 69 Months 10 Days 2 If less than one day hr. min.

9. Birthplace Milwaukee, Wisconsin 1
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Bartender
11. Industry or business Own Business
FATHER
12. Name Unknown Schmidt
13. Birthplace Unknown 7
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 7
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Dolly Brischle
(b) Address Route 1, House Springs, Mo.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Oct. 31, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory
18. (a) Signature of funeral director Wm. J. Robert L. & U. Co.
(b) Address 1905 So. Grand Blvd.
19. (a) 10-30-47 (Date received local registrar) (b) Cecil A. J. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28th
year 1947 hour 6:45 minute P. M.
21. I hereby certify that I attended the deceased from Oct. 20, 1947, to Oct 28, 1947, that I last saw him alive on Oct. 28, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	
Due to 93d	
Due to	
Other conditions cerebral hemorrhage (Include pregnancy within 3 months of death)	1 wk.

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury
23. Signature B. R. Loving (M. D. or other) MD
Address Ballwin, Mo. Date signed 10-28-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Van M. Sizemore

Licensed Embalmer No. 4343

P. O. Address St. Louis, Mo.

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.