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-1/47
-17-39

FILED JUL 23 1948 318
Registration District No.

Primary Registration District No.

WRITE PLAINLY—USING 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:
5819 Dewey
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 50 years
(Specify whether years, months or days)

In this community.....

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. 5819 Dewey
(If rural, give location)

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

3. (a) PRINT FULL NAME Adolph George Schmitz

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

3. (c) Social Security No.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Elizabeth

6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased Nov. 2, 1878
(Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 16 If less than one day hr. min.

9. Birthplace Chicago Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business.....

12. Name Edward Schmitz

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

14. Maiden name Ferrenbach

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

16. (a) Informant Lawrence Schmitz

(b) Address 9715a Gravois

17. (a) Rural (b) Date thereof 7-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Rural Park

18. (a) Signature of funeral director S. Zigenbin & Sons

(b) Address 7027 Delmar

19. (a) JUL 21 1948 (b) J. F. Brueck
(Date received local report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1948 hour 1:46 minute..... P. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endo-Myo Carditis. *Duration*

Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death).....

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)

While at work? (e) Means of injury?.....

23. Signature Patrick E. Taylor M.D. or other.....
Address Deputy Coroner Date signed 7-21-48

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

Paul J. Jones

Licensed Embalmer No.

2245

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.