S. No. 2
OM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30737

State File No.

Registration District No. 370 Primary Registration District No. 3058 Registrar's No. 202

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town St. Charles (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital (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. Charles
(c) City or town St. Charles (If outside city or town limits, write "RURAL")
(d) Street No. 2036 Moore (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME David Eugene Schmidt
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race Wh.
6. (a) Single, widowed, married, divorced — 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased September (Month) 29 (Day) 1948 (Year)
8. AGE: Years | Months | Days | If less than one day 1 hr. 0 min.
9. Birthplace St. Charles (City, town, or county) Missouri (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name Eli C. Schmidt
13. Birthplace Woodlawn (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Minnie Irene York
15. Birthplace Silex (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mr Eli Schmidt
(b) Address 2036 Moore Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 30, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery
18. (a) Signature of funeral director Hackmann-Bauer, Inc
(b) Address 326 N 6th St. St Charles, Mo
19. (a) 10-4-48 (Date received local registrar) (b) Hamil Hamilton (Registrar's signature) 284

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 29 year 1948 hour 12 20 minute P. M.
21. I hereby certify that I attended the deceased from Sept. 29, 1948, to Sept 29, 1948 that I last saw him alive on Sept 29, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Asphyxia	40 min
Bronchial obstruction	40 min
Due to aspiration foreign body	40 min
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 C. J. Canty (M. D. or other) M.D
Address St. Charles, Mo Date signed 10-1-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed OCT 9 1948

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 Arthur C. Bane

Licensed Embalmer No. 3147

P. O. Address St Charles 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.