

S. No. 2
DM-2.43
v. 5-17-39
X35607

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **19179**
Registrar's No. **5759**

Registration District No. **318**

Primary Registration District No. **1003**

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:
4740 Olive St.
(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. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4740 Olive St.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Jacob Schmitter**

(b) If veteran, name war **Nil**
(c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widower**

(b) Name of husband or wife **Johanna Schmitter**
(c) Age of husband or wife if alive _____ years

7. Birth date of deceased **December 30 1851**
(Month) (Day) (Year)

8. AGE: Years **93** Months **6** Days **1**
If less than one day hr. _____ min. _____

9. Birthplace **Unknown Switzerland**
(City, town, or county) (State or foreign country)

10. Usual occupation **Harness Cutter**

11. Industry or business _____

12. Name **John Jacob Schmitter**

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

14. Maiden name **Elizabeth Boetchier**

15. Birthplace **Unknown Switzerland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Johanna Lucks**

(b) Address **4740 Olive St.**

17. (a) **Burial** (b) Date thereof **7-3-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cemetery**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **JUL 2 1945** (b) **J. F. Breda**
(Date received local file) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **1**
year **1945** hour **2:30** minute **A.** M.

21. I hereby certify that I attended the deceased from **June 1st** 19**45** to **July 1st** 19**45**
that I last saw him alive on **June 30th** 19**45**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**
Duration _____

Due to _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Alvyn B. Kern** (M. D. or other) _____

Address **706 Walton** Date signed **7-2-45**

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

0
7
9

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 *Albert L. Hopper*.....

Licensed Embalmer No..... 2971

P. O. Address.....

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.