REC'D APR 11 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8617
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 2205
(c) City St. Louis (d) Street No. Josephine Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Florence Schmidt 630
(a) Residence, No. 3914 Castleman St. 17
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Richard A. Schmidt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 27, 1883

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
54	4	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pacific Missouri

FATHER
13. NAME Charles S. Martin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Patterson New Jersey

MOTHER
15. MAIDEN NAME Annie Carrigan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Richard A. Schmidt 3914 Castleman Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE SS. Peter & Paul DATE March 5, 1938

19. FUNERAL DIRECTOR (ADDRESS) Weick Bros. 2201 So. Grand Blvd.

20. FILED MAR 4 1938 J. F. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-21-, 1938, to 3-2-, 1938
I last saw her alive on 3-1-, 1938 Death is said to have occurred on the date stated above, at 7:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Left Lateral Sinus Thrombosis	2/25/38
Broncho-Pneumonia	"
Streptococcus Septicemia	"

Other contributory causes of importance:
Left Acute Otitis Media Suppurativa 2/21/38

Name of operation Drainage Left Lateral Sinus Date of 2/27/38
What test confirmed diagnosis? Laboratory & Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) E. H. Edwards, M. D.
(Address) 4830 Chouteau

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, George C. Weick, Licensed Embalmer No. 2268

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed George C. Weick

Licensed Embalmer No. 2268

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)