

1933 JAN 11 1933

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

40906
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City or Town St. Louis, Mo. (d) Street No. Lutheran 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. da.

2. PRINT FULL NAME

(a) Residence, No. 539 Louise Schmidt,
2503 West Hebert Street, St. 20 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles F. Schmidt,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 28th 1857
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 11 8
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
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) St. Louis, Mo.

FATHER 13. NAME Frederick W. Pleitner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mr. Charles Schmidt,
2503 West Hebert Street.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem. De. 9th 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Henry Leidner Und. Co
1417 N. Market Street,

20. FILED DEC 9 1933
J. B. Prebeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/6 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22 1938 to Dec. 6 1938

I last saw him alive on 12/6/38 Death is said to have occurred on the date stated above, at 2357

The principal cause of death and related causes of importance were as follows:

Hemolytic Streptococcus septicaemia Date of onset

Fracture Rt. femur

Other contributory causes of importance: 1866

Name of operation blood culture Date of 7/20
What test confirmed diagnosis? blood culture Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury 11-21 1938
Where did injury occur? St Louis mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. at home

Manner of injury fell down basement stairs
Nature of injury fracture of rt. femur

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) R. Berg M. D.
(Address) 2537 Brooks Ave.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
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.

By
Dunn

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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 John P. Bushholz
Licensed Embalmer No. 16740
P. O. Address 2423 St. Louis Ave

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, above space should be left blank.