

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution
En Route City Hospital 3
(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

3. (a) PRINT FULL NAME Christina Schmidt

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 29 1878
(Month) (Day) (Year)

8. AGE: Years 60 Months 10 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Belleville, Ills.
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER
 { 12. Name Herman Schmidt
 { 13. Birthplace Belleville, Ills.
(City, town, or county) (State or foreign country)
 { 14. Maiden name Elizabeth Bosch
 { 15. Birthplace Belleville, Ills.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Theresa Klages
 (b) Address 3204 Mount Pleasant Street

17. (a) Burial (b) Date thereof. 6/10/1939
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Belleville, Ills.

18. (a) Signature of funeral director J. H. Gibben & Co.
 (b) Address 2842 Meramec Street

19. (a) JUN 9 1939 (b) J. F. Credet
(Date received local registrar) (Registrar's signature)

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. 4134 Burgen Avenue
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
 year 1939 hour 12 minute 10 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 _____

Due to _____

Due to arterio sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

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 4

23. Signature J. H. Gibben (M. D. or other) _____
 Address Deputy Coroner Date signed 6/9

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

FORM 1-1931

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 Herman A. Gebken

Licensed Embalmer No. 2120

2842 Meramec Street

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, above space should be left blank.