

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

Form 6-17-39
Rev. 6-17-39
U.S. GPO: 1935

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38285**
Registrar's No. **10124**

DEC 13 1939 791
Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH: **1003**
(a) County 2
(b) City or town St. Louis
(c) Name of hospital or institution: 4511 McPherson Ave.
(d) Length of stay: In hospital or institution 85 Yrs.
In this community 85 Yrs.

2. USUAL RESIDENCE OF DECEASED: **1**
(a) State Mo. (b) County _____
(c) City or town St. Louis
(d) Street No. 4511 McPherson Ave.
(e) If foreign born, how long in U. S. A.? 85 Yrs. years.

3. (a) PRINT FULL NAME Victoria Schmidt **530**
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 26,
year 1939 hour 12 minute noon M.

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced W.
7. Birth date of deceased: March 26, 1854
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1, 1938 to Nov 26, 1939
that I last saw her alive on Nov 22, 1939
and that death occurred on the date and hour stated above.

8. AGE: Years 85 Months 8 Days 0 If less than one day _____ hr. _____ min.

Immediate cause of death Chronic Myocarditis
Due to Senility

9. Birthplace Germany
(City, town, or county) (State or foreign country)
10. Usual occupation At Home

Due to Senility
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name Joseph Maurer
13. Birthplace Germany
14. Maiden name Unknown
15. Birthplace Germany

PHYSICIAN _____
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Mrs. Lillian M. Stumpf
(b) Address 4511 McPherson Ave.
17. (a) Burial (b) Date thereof 11-29-1939
(c) Place: burial or cremation S. S. Peter & Paul

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) NOV 28 1939 (b) J. F. Braddock
(Date received local registrar) (Registered Embalmer)

While at work _____ (Specify type of place) (c) Means of injury _____
28. Signature John J. Langon Jr. (M. D. or other)
Address 5803 Olivehurst av. Date signed Nov 27 1939

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Lindell

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.