

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.

JAN 12 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41892
Registrar's No. 11015

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County 1
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City Hospital, #1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 13 Days
(Specify whether
 In this community 60 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town St. Louis. 17
(If outside city or town limits, write "RURAL")
 (d) Street No. 3009 St. Vincent Ave.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26,
 year 1939 hour 5:45 minute A. M.
 21. I hereby certify that I attended the deceased from December
14, 1939, to December 26, 1939.

That I last saw h. or alive on December 26, 1939,
 and that death occurred on the date and hour stated above,
 Immediate cause of death Carcinoma of the
lute ducts 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 J. E. Van Gaebel (M. D. or other)
 Address 1515 Lafayette, 12/26/39
Date signed

8. (a) PRINT FULL NAME Katherine Schmiedeke 532
 8. (b) If veteran, name war _____
 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife Edward Schmiedeke. 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased August 13 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	4	13	_____ hr. _____ min.

9. Birthplace St. Louis.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business _____

12. Name Siegfried Steinger.

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Kunigunda Smitt.
(City, town, or county) (State or foreign country)

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edward Schmiedeke

(b) Address 5136 Page Blvd

17. (a) Burial (b) Date thereof Dec. 29-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Demello

(b) Address 3840 Lindell Blvd

19. (a) DEC 20 1939 (b) _____
(Date received local registrar) (Registrar's signature)

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 *Alfred J. Boedeker*

Licensed Embalmer No. *2663*

P. O. Address *4204 Prairie*

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.