

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12527

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 591

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Villa Gesu
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 yrs.
In this community 54 yrs.
years, months or days (Specify whether)

8. (a) PRINT FULL NAME SISTER MARY MAURINA SCHIMEK
8. (b) If veteran, name war None
8. (c) Social Security No. None

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 April 11 1860
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 13
If less than one day hr. min.

9. Birthplace Prussia 7
(City, town, or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business

MOTHER FATHER { 12. Name Joseph Schimek
13. Birthplace Prussia 7
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Maria Vöner
15. Birthplace Unknown 7
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Sister Mary Ludwiga
(b) Address RR. #14 St. Louis, Mo. Riverview

17. (a) Burial (b) Date thereof March 26, 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Villa Gesu Cemetery

18. (a) Signature of funeral director C. Hoffmeister & Co.
(b) Address 7814 S. Broadway

19. (a) MAR 26 1940 (b) R. Meyer M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town Riverview Drive Rural
(If outside city or town limits, write "RURAL")
(d) Street No. RR. #14 St. Louis, Missouri.
(If rural, give location)
(e) If foreign born, how long in U. S. A.: 54 yrs. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23rd
year 1940 hour 3 minute 10 P. M.

21. I hereby certify that I attended the deceased from March 15th 1940 to March 23rd 1940
that I last saw her alive on March 22nd 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to Inferior MI of 1938
Also acute upper Respiratory infection
Other conditions (Include pregnancy within 3 months of death)
Duration 3
3-15-40

Major findings: 93%
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? 96%
(e) Means of injury _____ (Specify type of place)
While at work _____
28. Signature Arthur A. Stank (M. D. certifier)
Address 5358 N. Union St. Date signed 3-25-40

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 *Samuel C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broad*

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.