

MAY 15 1940 791

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 3420

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(c) Name of hospital or institution:  
3522 Missouri Ave.  
(d) Length of stay: 33 Years  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis.  
(d) Street No. 3522 Missouri Ave.  
(e) If foreign born, how long in U. S. 33 Years years.

3. (a) PRINT FULL NAME MARY SCHMIDT.  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. 530

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 14  
year 1940 hour 3 30 AM. minute \_\_\_\_\_ M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Stephan Schmidt  
6. (c) Age of husband or wife if alive 77 years  
7. Birth date of deceased 10 26 1869  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 1, 1940, to April 14, 1940  
that I last saw her alive on April 13, 1940  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
70 5 19 hr. \_\_\_\_\_ min.

Immediate cause of death Coronary Thrombosis  
Due to Myocarditis Chronic  
Due to Arterio Sclerosis

9. Birthplace Hungary  
10. Usual occupation Housewife  
11. Industry or business At Home.  
12. Name Joseph Hubacek  
13. Birthplace Hungary  
14. Maiden name Marie Uhlmann  
15. Birthplace Hungary

Other conditions \_\_\_\_\_  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

16. (a) Informant's own signature Stephania Weber  
(b) Address 3522 Missouri Ave.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof 17/40 April  
(c) Place: burial or cremation Calvary  
18. (a) Signature of funeral director Thor Curtis  
(b) Address 2906 Gravois Ave.  
19. (a) APR 15 1940 (b) J. F. Schubert  
(Date received local registrar) (Registrar's signature)

(c) Where did injury occur? \_\_\_\_\_  
(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 W. Peters (M, D, or other) \_\_\_\_\_  
Address 4145 S Grand Date signed \_\_\_\_\_

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.

**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.....

*Leo Budde*, Registered Apprentice No. ....  
working under my personal supervision.

Signed *Leo Budde*.....

Licensed Embalmer No. *398-9*.....

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.**