

FILED MAY 15 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13406
3608

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

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

I. PLACE OF DEATH:

(a) County 2
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6723 Oleatha Av.
(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 MARY V. SCHMEDER 536

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased July 16, 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 9 6 hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Lawrence Heitzmann 6

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

14. Maiden name Theresa Buehler

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

16. (a) Informant Mrs. Catherine Straub (daughter)

(b) Address 6723 Oleatha Av.

17. (a) Burial (b) Date thereof Apr. 25, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director M. Croghan

(b) Address 7146 Manchester Ave.

19. (a) APR 22 1940
(Date received for registration)

2. USUAL RESIDENCE OF DECEASED:

U
(a) State Mo. (b) County _____
(c) City or town St. Louis 3
(If outside city or town limit, write "RURAL")
(d) Street No. 6723 Oleatha
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 22
year 1940 hour 7 30 minute A. M.

21. I hereby certify that I attended the deceased from Apr 17
_____ 1936 to Apr 22, 1940
that I last saw her alive on Apr 21, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis 1 yr

Due to arterio-sclerosis

Due to Senility

Other conditions _____

(Include pregnancy within 3 months of death) 930

Major findings: Of operations no

Of autopsy _____

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 1

23. Signature P. P. ... (M.D. or other)

Address 3147 S. Jeff. Ave. Date signed 4-22-40

Duration
Physician
Underline the cause to which death should be charged statistically.

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: _____

Francis A. Williamson

Licensed Embalmer No. 3565

P. O. Address 7146th Manchester Ave.

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.