

JUN 15 1940

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **4586**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4147 BOTANICAL AV. 2
(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) **5 20**

3. (a) PRINT FULL NAME **WILHELMINA Schmuck.**

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

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **THEODORE Schmuck** 6. (c) Age of husband or wife if alive **75** years

7. Birth date of deceased **JANUARY 24 1870**
(Month) (Day) (Year)

8. AGE: Years **70** Months **3** Days **29** If less than one day _____ hr. _____ min.

9. Birthplace **ST. LOUIS, MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **OWN HOUSEWORK.**

11. Industry or business _____

12. Name **LOUIS RICK**

18. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)

14. Maiden name **WILHELMINA BOEMER**

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

16. (a) Informant **Theodore Schmuck**

(b) Address **4147 Botanical Av.**

17. (a) **BURIAL** (b) Date thereof **MAY 27 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **BETHANIA CEMETERY**

18. (a) Signature of funeral director **E. J. Schurr**

(b) Address **3125 Lafayette St. W.**

19. (a) **MAY 24 1940** (b) _____
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County _____
(c) City or town **ST. LOUIS** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **4147 BOTANICAL AV.**
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAY** day **23**
year **1940** hour **5** minute **10** P.M.

21. I hereby certify that I attended the deceased from **May 18**
_____ 19**40** to **May 23** 19**40**
that I last saw her alive on **May 23** 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Obstruction intestinal 5 days**

Due to **Malignancy (?)**
Herbua femoral (?)

Site to **Primary site probably descending colon**
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations **4/6**
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 _____

23. Signature **Johna Burger** (M. D. or other) **M. D.**
Address **3915 So. Grand** Date signed **5/24/40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

Joseph B. Hollmer

Licensed Embalmer No. *4014*

P. O. Address *3195 Lafayette 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.