. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19911

Registration District No. 791 JUL 17 1940 Primary Registration District No. 1003 Registrar's No. 4859

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:
4851 Sigel 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 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 2
(If outside city or town limits, write "RURAL")

(d) Street No. 4851 Sigel
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Arlyn E. Schmidt 530

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 Single

6. (b) Name of husband or wife ----

6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased February 20, 1918
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
22	3	11	hr. min.

9. Birthplace Mascoutah Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business 1.

FATHER
12. Name Edward Schmidt
13. Birthplace Rentchler Illinois 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Henrietta Metzger
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Schmidt
(b) Address 4851 Sigel

17. (a) Burial (b) Date thereof 6/5/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation O.S.S. Peter & Paul

18. (a) Signature of funeral director Wacker-Helderle
(b) Address 2331 S. Broadway

19. (a) JUN 3 1940 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1940 hour 3 minute 15 p. M.

21. I hereby certify that I attended the deceased from
, 1929, to May, 1940
that I last saw her alive on April, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr Myocarditis	
Chr Endocarditis	12 yrs
Due to Rheumatic Fever	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature P J Mannaro (M. D. or other)
Address Mo Theatre Bldg Date signed Jun 3-40

(Licensed Embalmer's Statement on Reverse Side)

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.....Frank J. Wyland Sr.

Licensed Embalmer No.....264

P. O. Address.....St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.