

S. No. 2  
-11-10-39  
5-17-39  
-1 X21482

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

23815  
State File No.  
6260  
Registrar's No.

AUG 25 1940 791  
Registration District No.

1003  
Primary Registration District No.

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

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:  
LUTH. HOSP.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1722  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME JOHANNA SCHMIDT. 530

3. (b) If veteran, name war NO 3. (c) Social Security No. NO.

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

6. (b) Name of husband or wife FRANK 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased MAR 17 1877  
(Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 8 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME.

12. Name JOHN VANDEL LINDEN

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

14. Maiden name JANE VAN LINT

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

16. (a) Informant Frank Schmidt

(b) Address 7717 VERMONT.

17. (a) BURIAL (b) Date thereof JULY 27 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PARK LANN Cem.

18. (a) Signature of funeral director J. B. Funder Jr

(b) Address Michigan

19. (a) JUL 26 1940 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County \_\_\_\_\_  
(c) City or town ST LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7717 Vermont  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25  
year 1940 hour 112 minute 40 a.m.

21. I hereby certify that I attended the deceased from May 3, 1940, to July 25, 1940, that I last saw her alive on July 24, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death General Hemorrhage (apoplexy) Duration 3 mo.

Due to \_\_\_\_\_  
Due to Arteriosclerosis Chronic

Other conditions (include pregnancy within 3 months of death) 82

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_

23. Signature J. P. Whipp (M. D. or other) \_\_\_\_\_  
Address 7702 Liberty Date signed 7/25/40

**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

*Harry J. Schumacher*

Licensed Embalmer No.

*2679*

P. O. Address

*732 Lemay*

**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.**