

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. **30349**
Registrar's No. **7626**

Registration District No. **791** Primary Registration District No. **1003**

MAILED OCT 23 1940

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1214 Louisville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE (Specify whether 2)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 4
(d) Street No. 1214 Louisville (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Elizabeth Schmidt

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

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

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

7. Birth date of deceased July 4, 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 2 5 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John G. Walthers

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

14. Maiden name Catherine Stork

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

16. (a) Informant Mary Ode

(b) Address 1214 Louisville

17. (a) Burial (b) Date thereof 9-12-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) SEP 11 1940 (Date received local registrar)
J. P. Predeck (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9
year 1940 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept. 29
1940 to Sept. 9 1940
that I last saw her alive on Sept. 17 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis

Due to _____
Due to _____
Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
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)
(c) Means of Injury _____
23. Signature P. E. Williamson (M. D. or other) _____
Address 6336 Clayton Road Date signed 9/10/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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

H. P. Burgess

Licensed Embalmer No. *4029*

P.O. Address *Maplewood*

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.