

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist
(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

8. (a) PRINT FULL NAME Helen S. Schmidt

8. (b) If veteran, name war _____ 8. (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 George Schmidt 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased August 20, 1894
(Month) (Day) (Year)

8. AGE: Years 46 Months 6 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Peter Tittinger
13. Birthplace Austria Hungary
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Susanna Royton
15. Birthplace Europe
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature George Schmidt

(b) Address 4253 Blaine

17. (a) Burial (b) Date thereof 2/27/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) FEB 26 1941 (b) J. H. Bruderk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County COO
St. Louis
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. 4253 Blaine
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 24
year 1941 hour 2.35 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Feb. 21, 1941, to Feb. 24, 1941; that I last saw her alive on Feb. 24, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death _____
Hypertension
arterial sclerosis
Due to _____
Due to _____

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

PHYSICIAN _____
Major findings: _____
Of operations _____
Of autopsy _____
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) (b) Means of injury _____

23. Signature J. E. Williamson (M. D. or other) _____
Address 6336 Clayton Road Date signed 2/26/41

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No. 1284

P. O. Address. St Louis Mo

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.