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23159

FILED MAY 13 1941
791

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3101

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

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 St. Lukes Hospital
(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

3. (a) PRINT FULL NAME Paula Schmitz

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Fe

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rudolph Schmitz, Jr.

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased August 19 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	7	20	hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Morell

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

14. Maiden name UNKNOWN

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

16. (a) Informant William Stix Friedman

(b) Address 7033 Washington

17. (a) Cremation (b) Date thereof 4-9-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Therman Ruidt Kopf

(b) Address 5216 Delmar

19. (a) APR - 9 1941 (b) J. F. Prudek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 6136 Waterman
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1941 hour 4 minute 25 A.M.

21. I hereby certify that I attended the deceased from Sept 1935 to April 9, 1941
that I last saw her alive on April 8, 1941
and that death occurred on the date and hour stated above

Immediate cause of death Cerebral hemorrhage
Duration 6 wch.

Due to Hypertension 5 1/2 yr

Due to Arteriosclerosis 5 1/2 yr

Other conditions Exhaustion at Summit Water
(Include pregnancies within 3 months of death)

Major findings of operations _____
Of autopsy Cerebral hemorrhage with skull fracture
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)
(e) Means of injury _____

23. Signature Sam J. Dean (M. D. or other) MD
Address 3720 Washington Date signed 4/9/41

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

Chas W. Cooper

Licensed Embalmer No. *3830*

P. O. Address *5216 Delmar*

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, fact should be so stated above.