

FILED MAY 13 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 12721

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3151

## 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:  
6303 Alabama ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Life (Specify whether  
In this community Life  
years, months or days)

8. (a) PRINT FULL NAME Alice James8. (b) If veteran, None  
name war8. (c) Social Security None  
No.4. Sex Female5. Color or White  
race6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Charles H. James6. (c) Age of husband or wife if 62  
alive years7. Birth date of deceased September 4 1881  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
59 7 5 hr. min.9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

## 11. Industry or business

12. Name William Schmidt18. Birthplace Germany  
(State or foreign country)14. Maiden name Elizabeth Walters15. Birthplace Germany  
(City, town, or county) (State or foreign country)16. (a) Informant Charles H. James(b) Address 6303 Alabama ave.17. (a) Burial (b) Date thereof April 12, 41  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Sunset Burial Park18. (a) Signature of funeral director C. Hoffmeister & Co.  
(b) Address 7814 S. Broadway19. (a) APR 11 1941 (b) J. N. Breck  
(Date received for burial) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6303 Alabama ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. Not attending physician years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9  
year 1941 hour 6 minute 45 a. M.21. I hereby certify that I attended the deceased from  
\_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.Immediate cause of death Chronic Myocarditis  
Chronic Interstitial Nephritis  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings: 1316  
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)  
Means of injury 3  
23. Signature [Signature] (M. D. or other)  
Address \_\_\_\_\_ Date signed 4/12/41

**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.....

*Linus C. Hoffmeister*

Licensed Embalmer No..... *3851*

P. O. Address..... *7814 S. Broadway*

**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.**