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FILED MAY 9 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

15890

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 872

1. PLACE OF DEATH:

(a) County ST. LOUIS  
(b) City or town LEMAN  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2126 TELEGRAPH RD. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community, 50 yrs years, months or days)

8. (a) PRINT FULL NAME ROSE SCHMALTZ

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

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

6. (b) Name of husband or wife JACOB SCHMALTZ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased NOVEMBER 14 1865  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>5</u>	<u>7</u>	hr. _____ min. _____

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

10. Usual occupation AT HOME

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name CONSTINE PERROT  
13. Birthplace FRANCE  
(City, town, or county) (State or foreign country)  
14. Maiden name ROSE ROY  
15. Birthplace PARIS FRANCE  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Eule  
(b) Address 2126 Telegraph

17. (a) BURIAL (b) Date thereof APRIL 24 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation M. OLIVE CEM

18. (a) Signature of funeral director C. Hoffmeister 4.11.41

(b) Address 7814 S. Broadway

19. (c) APR 23 1941 (Date received local registrar) (d) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS  
(c) City or town LEMAN TELEGRAPH RD. Lemay  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2126 TELEGRAPH RD.  
(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 21  
year 1941 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from April 11  
1941 to April 21, 1941  
that I last saw her alive on April 21, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis Duration 2 yrs

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Cardiac decompensation  
(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) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) [Signature]  
Address 7606 Huber Date signed 4/23/41

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

**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 *James C. Hoffmeister*  
Licensed Embalmer No. *3871*  
P. O. Address *7814 S Broad*

**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.**