No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20185

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4997

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6312 Mardel Ave. /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 200
(c) City or town St. Louis 1714
(If outside city or town limits, write "RURAL") 9
(d) Street No. 6312 Mardel Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sophia Schmitt

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female /

5. Color or race White

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

6. (b) Name of husband or wife Wm. A. Schmitt

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Aug. (Month) 26 (Day) 1876 (Year)

8. AGE: Years	Months	Days	If less than one day
64	9	21	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Schmid
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Altenbury
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Wm. A. Schmitt
(b) Address 6312 Mardel Ave.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6-20-41 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) JUN 18 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17 year 1941 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from 2-25 1937 to 6-17 1941 and that I last saw him alive on 6-12 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral embolism	minutes
Due to Auricular fibrillation	4 yrs
Due to Rheumatic heart disease -	40 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address 4952 Maryland Date signed 6-17

(Licensed Embalmer's Statement on Reverse Side)

4952 Mary Land
8 30 - 52

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 R. M. Sanford

Licensed Embalmer No. 2273

P. O. Address S. Harris

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.