

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town Pine Lawn  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Tiernon's Hospital & Clinic  
(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 Amelia A. Schmidt  
 8. (b) If veteran, name war No  
 3. (c) Social Security No. No

4. Sex Female / 5. Color or race White  
 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased June 30 1866  
(Month) (Day) (Year)

8. AGE: Years 75 Months 0 Days 0  
If less than one day hr. min.

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

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name Strat STREET  
 13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Fred T. Schmidt  
 (b) Address 4555 Claxton Ave.

17. (a) Burial (b) Date thereof July 2, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Cullen & Kelly  
 (b) Address 7267 Natural Bridge Rd. St. Louis

19. (a) 2 1941 (b) R. Meyer  
(M. D. or other) (Date signed) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
(If outside city or town limits write "RURAL")  
 (d) Street No. 4350a Lee Ave.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30th  
 year 1941 hour 1:45 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from June 27th, 1941, to June 30, 1941  
 that I last saw her alive on June 30th, 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Senile Cardio-Vascular-Renal Disease-Myo carditis-Arter-sclerosis-Gen. Int. Nephritis.

Due to Uremia- 6 mo.  
Heat stroke - 1 week - Uremia- 1 week  
 Other conditions Senile Dementia.  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.  
 Major findings: Of operations None  
 Of autopsy None

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) No  
 (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? No  
 While at work? no (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature R. Meyer (M. D. or other) 0  
 Address 3718 Jennings Rd. Pine Lawn, Mo. Date signed 7-1-'41

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

*J. A. Lammers*

**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 A. Lammers*

Licensed Embalmer No. 4142

P. O. Address St. Louis

**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.**