

FILED AUG 28 1941  
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5955

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

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:  
3812 GRAVOIS AV.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... (Specify whether  
years, months or days)

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. 3812 GRAVOIS AV.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME LOUISE SCHMERBER.

3. (b) If veteran, name war..... (c) Social Security No. NO.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single widowed, married, divorced, WIDOW  
6. (b) Name of husband or wife JOSEPH SCHMERBER. 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased SEPTEMBER 25-1871  
(Month) (Day) (Year)

20. DATE OF DEATH: Month JULY day 20  
year 1941 hour 9 minute 45 A.M.  
21. I hereby certify that I attended the deceased from February 8th, 1936 to July 20th, 1941  
that I last saw him alive on July 19th, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 5yr+  
Due to Chronic myocardial degeneration  
Due to hypertension Duration 5yr+  
Other conditions (Include pregnancy within 8 months of death)  
Major findings: Of operations.....  
Of autopsy.....

8. AGE: Years 69 Months 9 Days 25 If less than one day hr. min.

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

10. Usual occupation HOUSE KEEPER

11. Industry or business OWN

MOTHER FATHER { 12. Name ALFRED Schmid 4  
13. Birthplace GERMANY 4  
(City, town, or county) (State or foreign country)  
14. Maiden name MATHILDA GAUSS  
15. Birthplace GERMANY 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Miller  
(b) Address 3812 Gravois Av.

17. (a) BURIAL (b) Date thereof JULY 24/1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation OLD, S.S. PETERS PAUL CEM.

18. (a) Signature of funeral director E. J. Schner.  
(b) Address 3125 Lafayette Ave.

19. (a) JUL 21 1941 (b) J. J. Bredeck  
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury  
23. Signature William Barron (M. D. or other) 0  
Address 5601 S. Jefferson Date signed 7-21-41

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**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.....

*Jose B. Hollman*

Licensed Embalmer No. *4014*

P.O. Address *3125 Lafayette Ave*

**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.**