

FILED FEB 24 1942 791
Registration District No. _____

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1216 Dolman
(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 **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1216 Dolman**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Louise Schmid**

3. (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 **Adolph Schmid** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **August 5 1870**
(Month) (Day) (Year)

8. AGE: Years **71** Months **5** Days **2** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Housework**

11. Industry or business

MOTHER FATHER { 12. Name **August Schwanz** 4
13. Birthplace **Germany** /
(City, town, or county) (State or foreign country)
14. Maiden name **Don't Know**
15. Birthplace **Germany** 4
(City, town, or county) (State or foreign country)

16. (a) Informant **Adolph Schmid**
(b) Address **1216 Dolman St.**

17. (a) **Burial** (b) Date thereof **Jan 10/41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **S. Peter and Paul Cm.**
Weick Bros. Und. Co.

18. (a) Signature of funeral director _____
(b) Address **2201 S. Grand Bl.**

19. (a) **JAN 9 1942** (b) **J. J. Budeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **7**
year **1942** hour **6** minute **0** P. M.

21. I hereby certify that I attended the deceased from **Jan 4**
19 **42** to **Jan 7** 19 **42**
that I last saw him **alive on Jan 7** 19 **42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Lobar Pneumonia** Duration **3 days**

Due to **108**
Due to _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury **D**

23. Signature **William Klein** (M. D. or other)
Address **1657 So Grand Bldg** Date signed **1/17/42**

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

60
17
9

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 *Harry Stewart*

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.