

FILED MAY 19 1942

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4056

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(c) Name of hospital or institution:
Stone Nursing Home 4373 W. Pine
(d) Length of stay: In hospital or institution. 4 weeks
In this community. 46 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(d) Street No. 5400 Emerson Ave
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Annie D. Schmidt

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 Widower

6. (b) Name of husband or wife John D. Schmidt 6. (c) Age of husband or wife if alive Deceased

7. Birth date of deceased. December 30, 1857

8. AGE: Years Months Days If less than one day
84 4 6 hr. min.

9. Birthplace. Canada

10. Usual occupation. At home

11. Industry or business.....

MOTHER FATHER { 12. Name Michael Allgeier
13. Birthplace Germany
14. Maiden name Katherine Schue
15. Birthplace Germany

16. (a) Informant Mrs Lenore Von Doeren
(b) Address 5400 Emerson Ave

17. (a) Burial (b) Date thereof May 9, 1942
(c) Place: burial or cremation. Valhalla Cemetery

18. (a) Signature of funeral director. Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) MAY 7 1942 (b) J. F. Prudek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6, year 1942 hour 6:45 PM minute..... M.

21. I hereby certify that I attended the deceased from Oct 1941 to May 6 1942 that I last saw her alive on May 6 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Old age

Due to 1/2
Due to.....

Other conditions Secondary Anemia
(Include pregnancy within 3 months of death) 6 mo

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?.....
(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 J. F. Prudek (M. D. or other) D
Address 624 W. Floumont Date signed May 7 42

JUL 1 0 1942

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 William P. Bushholz
Licensed Embalmer No. 246
P. O. Address St. Louis, Mo.

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.