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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No.

Registration District No. 1003

Primary Registration District No.

Registrar's No. 5998

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 Days
(Specify whether
In this community 54 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3949 Castleman
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Cecelia S. Schmidt

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female / race White / 5. Color or
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William F. 6. (c) Age of husband or wife if
8 years
7. Birth date of deceased Jan. 8 1882
(Month) (Day) (Year)

8. AGE: 60 Years 6 Months 5 Days
If less than one day
..... hr. min.

9. Birthplace Iron Mountain Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Patrick O'Donnell
13. Birthplace Andover N. Y. New York
(City, town, or county) (State or foreign country)
14. Maiden name Flora Cox
15. Birthplace Clayton Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant F. F. Schmidt
(b) Address 3949 Castleman Ave.

17. (a) Burial (b) Date thereof 7-16-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Trinity Cemetery

18. (a) Signature of funeral director C. Hoffmeister
(b) Address 6464 Chippewa Str.

19. (a) JUL 15 1942 (b) J. F. Bredech
(Date read to local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1942 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from July
3, 19 42 to July 13, 19 42
that I last saw h. ER alive on July 13, 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis
Due to Stroke
Due to Stroke
Other conditions (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations None done.
Of autopsy None done.
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 Geo. Mad (M. D. or other) 0
Address 1515 Lafayette Avenue Date signed 7/14/42

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

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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 *Louis C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

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.