

S. No. 2
1-9-4-41
7-5-17-39
VI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23097

State File No.

6218

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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:
6029 Maple
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 40 yrs (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6029 Maple
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Emelia Schinzing

3. (b) If veteran, name war..... 3. (c) Social Security
name war /////// Social Security ///////

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

6. (b) Name of husband or wife Joseph Schinzing 6. (c) Age of husband or wife if
alive..... years

7. Birth date of deceased Feb. 3 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 5 17 hr. min.

9. Birthplace St. Louis Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

MOTHER FATHER { 12. Name Heinze
13. Birthplace Do Not Know
(City, town, or county) (State or foreign country)
14. Maiden name Do Not Know
15. Birthplace Do Not Know
(City, town, or county) (State or foreign country)

16. (a) Informant Emil Schinzing
(b) Address Overland Mo

17. (a) Burial (b) Date thereof 7/23/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cometary

18. (a) Signature of funeral director Ortmann Funeral Home
(b) Address 9222 Lackland Overland Mo

19. (a) JUL 23 1942 (b) J. F. Bredeck
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1942 hour..... minute 2:35 P.M.

21. I hereby certify that I attended the deceased from July 11
1942, to July 20 1942
that I last saw her alive on July 19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Carcinoma of gall bladder

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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.....

23. Signature Peter Beck M.D. (M. D. or other)
Address 4701 St. Louis Ave Date signed 7/21-42

Duration
Unable
to
say

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

7/21/42 St. Louis 6:30

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 *Al. C. Ortmann*.....

Licensed Embalmer No. *3478*.....

P. O. Address.....

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.