No. 5-42
17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23103

FILED AUG 14 1942 791

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 6644

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

1. PLACE OF DEATH:
(a) County .....
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3943 Schiller Place
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 79 years

2. USUAL RESIDENCE OF DECEASED:
(a) State St Louis (b) County Missouri
(c) City or town ..... (If outside city or town limits, write "RURAL")
(d) Street No. 3943 Schiller Pl
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Mary M. Schmitt
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 ~~white~~
6. (b) Name of husband or wife Charles H. Schmitt
6. (c) Age of husband or wife if Dead 65 years
7. Birth date of deceased February (Month) 12 (Day) 1863 (Year)

8. AGE: Years	Months	Days	If less than one day
79	5	22	hr. ..... min.

9. Birthplace St. Louis Co. (City, town, or county) 0 (State or foreign country)
10. Usual occupation housewife
11. Industry or business home
FATHER
12. Name Joseph Thomas
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)
MOTHER
14. Maiden name Mary Kempf
15. Birthplace St. Louis Co (City, town, or county) 0 (State or foreign country)
16. (a) Informant Theo. A. Schmitt
(b) Address 3943 Schiller Pl
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Aug 17th. 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery
18. (a) Signature of Undertaker Henry J. Hudemuller
(b) Address 6203 Gravois Ave.
19. (a) AUG 6 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4 year 1942 hour 8 minute P M.
21. I hereby certify that I attended the deceased from July 1942, to Aug 4 1942, that I last saw h. alive on Aug 4 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic arthritis Deformans	20 yr
Chronic myocarditis	5 yr
Due to Coronary Thrombosis	1 day
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature Adam Eppenauer (M. D. or other) M.D.
Address 1439 Lyon Date signed 8/6/42

(Licensed Embalmer's Statement on Reverse Side)

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 J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
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STANDARD CERTIFICATE OF DEATH

State File No. 23103

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6644

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

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary M Schmitt

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb (Month) 12 (Day) 1868 (Year)

8. AGE: Years 79 Months 5 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof Aug-7-1942 (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) SEP 4 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Day
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY