

S. No. 2
M-1-4-41
v. 5-17-39
X26390

28011 6 0V

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 1726

SEP 8 1942
Registration District No. 184

Primary Registration District No. 200

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

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town MANCHESTER
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pine Crest Nurseing Home #
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Days.
(Specify whether
In this community 40 Years In St Louis.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. 3143 Arsenal St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SOPHIA SCHMIDT
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 13
year 1942 hour 4 minute 0 M.
21. I hereby certify that I attended the deceased from August 6th, 1942 to August 13th, 1942
that I last saw her alive on August 13th, 1942
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Florian Schmidt 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 11th 1859
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis
Due to _____
Due to _____
Other conditions Arterio sclerosis
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
83 3 2 hr. _____ min.

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Austria (City, town, or county) (State or foreign country) 4
10. Usual occupation At Home
11. Industry or business Housewife

MOTHER FATHER
12. Name Joseph Kitzberger
13. Birthplace Austria (City, town, or county) (State or foreign country) 4
14. Maiden name LUTZIR
15. Birthplace Austria (City, town, or county) (State or foreign country) 4

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 _____

16. (a) Informant Pauline Weber
(b) Address 3143 Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 17
(Month) (Day) (Year)
(c) Place: burial or cremation S. S. Peter & Paul
18. (a) Signature of funeral director Thorndentis & Son
(b) Address 2906 Gravois Ave.
19. (a) AUG 15 1942 (Date received for filing) (b) C. E. McFarland (Registrar's signature)

23. Signature R. W. Jensen (M. D. certificate)
Address Manchester Mo Date signed 8/15/42

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.....

Arvid Van Fosson

Licensed Embalmer No.

4742

P. O. Address.....

2906 Gravier

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.