

FILED JAN 10 1943 18
Registration District No.

1003
Primary Registration District No.

Registrar's No. 177

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

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:
CITY INFIRMARY
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 5 1/2 YRS
(Specify whether

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS ⁰⁰⁰ ₁₂₁₃

(c) City or town ST. LOUIS ⁹¹³
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME LENA SCHMIEDER

3. (b) If veteran, name war. NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 7
year 1943 hour 11 minute 15 A.M.

4. Sex FEMALE 5. Color or race WHITE

6. (a) Name of husband or wife JOSEPH SCHMIEDER

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

7. Birth date of deceased JUNE 21 1863
(Month) (Day) (Year)

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.

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>6</u>	<u>16</u>	_____ hr. _____ min.

Immediate cause of death Mesenteric Thrombosis

Due to _____

Due to _____

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

9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER

12. Name NOT KNOWN

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

14. Maiden name HELEN FRY

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

16. (a) Informant Johanna Reuchling

(b) Address 2843 VICTOR ST - ST. LOUIS, MO

17. (a) BURIAL (b) Date thereof JAN. 11, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation REFUGEE CEMETERY

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? _____

18. (a) Signature of funeral director Hackmann - Bone

(b) Address 326 N. 6th St. St. Charles, MO

19. (a) JAN 8 1943 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)

(c) Means of injury _____

23. Signature W. H. G. King 3 (M. D. or other)
Address W. H. G. King Date signed 1/8/43

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 J. Huron
Licensed Embalmer No. 4319
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.