DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1943

Registration District No. 784

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35,45

Primary Registration District No. 111

Registrar's No. 107

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital 0
(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: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 3844 Lafayette Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Mamie Caroline Schmidt

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 Married

6. (b) Name of husband or wife Carl Schmidt

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased April 28, 1897 (Month) (Day) (Year)

8. AGE: Years 45 | Months 8 | Days 16 | If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business .....

FATHER
12. Name Louis Klages
13. Birthplace ..... Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Don't Know
15. Birthplace ..... Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Carl Schmidt
(b) Address 3844 Lafayette Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 18/43 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Pk.

18. (a) Signature of funeral director Weick Bros.
(b) Address 2201 S. Grand Bl.

19. (a) JAN 19 1943 (Date received local registrar) (b) C. G. McGann M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14 year 1943 hour 12 minute 25 a.m.

21. I hereby certify that I attended the deceased from Nov 20, 1942, to Jan 13, 1943 and that I last saw he alive on Jan 13, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Nephritis	3 days
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death) Sympathectomy	3 days

Major findings:
Of operations ✓
Of autopsy Ca none

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? .....
While at work? ✓ (Specify type of place) (e) Means of injury .....

23. Signature Leo J. Reilly (M. D. or other) MD
Address 8105 Page Blvd. Date signed 1-16-43

(Licensed Embalmer's Statement on Reverse Side)

Ro Kelly
Fort Dodge

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. Vinny A. Olivant

Licensed Embalmer No. 3222

P. O. Address 412 Dubuque

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.

S. No. 2B
—8-21-41
P I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3545

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 109

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Richmond Heights
(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 Mamie Caroline Schmidt
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex J
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
7. Birth date of deceased April 28 1868 (Month) (Day) (Year)
8. AGE: Years 45 Months 5 Days 18 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 (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 4 year 1943 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Nephritis	
Due to Hypertension Essential	2 years
Due to No Cancer	
Due to 102	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations A Sympathectomy was done in an effort to control Blood pressure
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 Leo J Kullmann (M. D. or other)
Address 810 S Brand Blvd Date signed 3-4-43

SUPPLEMENTARY