

U. S. No. 2  
FORM-5-42  
Rev. 5-17-39

8769

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

2820

FILED APR 3 1943  
Registration District No. 318

1003

Primary Registration District No. ....

Registrar's No. ....

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 4040 Oeatha 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 months (Specify whether years, months or days)

In this community 4 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Osage

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

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

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

3. (a) PRINT FULL NAME LYDIA B SCHMIDDE

3. (b) If veteran, name war: \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23  
year 1943 hour 11 minute 30 P M.

21. I hereby certify that I attended the deceased from Dec 12  
1943, to March 23, 1943;  
that I last saw h. or alive on March 21, 1943;  
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife August A. Schmudde 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased March 21 1890  
(Month) (Day) (Year)

Immediate cause of death Mitral Insufficiency

Due to hypertension chronic pulmonary thrombosis

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 53 Months 0 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business AT HOME

12. Name Henry Krusekopf

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

14. Maiden name Charlotte Jacobs

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

16. (a) Informant A. A. Schmudde

(b) Address 4040 Oeatha

17. (a) Removal (b) Date thereof 3 27 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chamouis Mo

18. (a) Signature of funeral director Stocksick Funeral Home

(b) Address Chamouis Mo

19. (a) MAR 24 1943 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations 121

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) Nature of injury \_\_\_\_\_

23. Signature J. F. Bredeck (M. D. or other) \_\_\_\_\_  
Address 203 Brammer Bldg Date signed 3/24/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

17

**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.

APR 3 1961

Signed John Ketter  
Licensed Embalmer No. 3880

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.**