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OM—5-42
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 28 1943 318

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12751

Primary Registration District No. 1003

Registrar's No. 3618

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:
Des Loge Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Days (Specify whether
In this community 10 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

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

(d) Street No. 2117 Telegraph Road.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Schmaltz, Magdeline

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Henry

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

7. Birth date of deceased Oct. 26, 1896
(Month) (Day) (Year)

8. AGE: Years 46 Months 5 Days 20 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business 2117 Telegraph Road

FATHER
12. Name Adam Wagner
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Kath. Foehner
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Schmaltz
(b) Address 2117 Telegraph Road

17. (a) Burial (b) Date thereof 4-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mattese, Mo.

18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan Avenue

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 15
year 43 hour 1:45 minute P M.

21. I hereby certify that I attended the deceased from 4-6-43
, 19 , to 4-15 , 1943
that I last saw her alive on 4-15 , 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	2 wks
Due to Nephrosclerosis 131	?
Due to Hypertensive C-V- Disease	?
Other conditions Acute Parotiditis (Include pregnancy within 3 months of death)	1 wk

Major findings:
Of operations not Mumps. Acute Parotitis

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 L O Brown (M. D. or other)

Address Firmin Desloge Hosp Date signed 4-[illegible]-43

(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 Oliver E. Fendler

Licensed Embalmer No. 4448

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.