

D. JUN 19 1943 318
Registration District No.

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3335 South 2nd Street /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... **60 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
 (c) City or town **St. Louis,** (If outside city or town limits, write "RURAL")
 (d) Street No. **3335 South 2nd Street** (If rural, give location)
 (e) Citizen of foreign country? **--** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Mary Schmitt**
 3. (b) If veteran, name war **--**
 3. (c) Social Security No. **None**

4. Sex **Female** / 5. Color or race **White**
 6. (a) Single, widowed, married, divorced / **Married**
 6. (b) Name of husband or wife **Gustave Schmitt**
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased **November 28, 1863**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 6 14 hr. min.

9. Birthplace **New York /**
(City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business
 { 12. Name **George Bauer**
 13. Birthplace **New York /**
(City, town, or county) (State or foreign country)
 { 14. Maiden name **Unknown**
 15. Birthplace **Unknown 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Barbara Steinkamp**
 (b) Address **3821 Nannie Ave.**

17. (a) **Burial** (b) Date thereof **6 16 43**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Old SS Peter & Paul Cem.**

18. (a) Signature of funeral director **Stecher - Aldrich - Ward Co.**
 (b) Address **3634 Gravois Avenue**

19. (a) **JUN 15 1943** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **12**
 year **1943** hour **11** minute **32 P.M.**
 21. I hereby certify that I attended the deceased from **3-10-**
 19**43**, to **6-12-** 19**43**
 that I last saw h. **alive on 6-12-** 19**43**
 and that death occurred on the date and hour stated above.
 Immediate cause of death **Central Embolism** Duration 2 1/2 hours

Due to **Hypertension**
 Due to **Senility**
 Other conditions **Senility**
(Include pregnancy within 3 months of death)

Major findings:
 Of operations **X**
 Of autopsy **X**

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 **L. F. Murray** (M. D. or other)
 Address **900 - Russell** Date signed **6-15-43**

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

Frank J. Alford

Licensed Embalmer No. *2645*

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.