

SEP 3 1943 318

1003

7721

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:  
2140 College Ave.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Theresia M. Schmidt

3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Frederick Schmidt 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 10, 1869  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	1	17	hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Mathias Groeck  
 13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
 14. Maiden name Gertrude Koester  
 15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Esther Miller

(b) Address 2140 College Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/30/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director M. Strook

(b) Address 2117 E. Grand Blvd.

19. (a) AUG 20 1943 (Date received local certification) (b) J. F. Breda (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 019 179  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2140 College Ave.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27  
 year 1943 hour 8 minute 30 M.

21. I hereby certify that I attended the deceased from May 3, 1943 to Aug 27, 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration \_\_\_\_\_

Due to cardiac rupture

Due to \_\_\_\_\_

Other conditions: None  
(Include pregnancy within 3 months of death)

Major findings: None  
 Of operations \_\_\_\_\_  
 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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify time and place) (e) Means of injury

23. Signature J. F. Breda (M. D. or other) Address 4065 W. Flammant Date signed 8-27-43

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

As. Harvey Morris

GO. 1250

4005 N. Florissant.

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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 A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

**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.