

27060

V. S. No. 2
00M-2-43
Rev. 5-17-39
I X3507

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 6667

ED AUG 18 1943

Registration District No. 318

Primary Registration District No. 1003

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

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:
1015 Bates St /
(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 _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Leilanni Lee Schmitt

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 Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb. 10, 1943
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	--	5	13	hr. min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER

12. Name Stanley L. Schmitt

13. Birthplace Arkansas /
(City, town, or county) (State or foreign country)

14. Maiden name Trilba Dean Fulford
(City, town, or county) (State or foreign country)

15. Birthplace Illinois /
(City, town, or county) (State or foreign country)

16. (a) Informant Trilba Dean Fulford

(b) Address 1015 Bates St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23/43
(Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director Helken-Benz Marton

(b) Address 2842 Meramec St.

19. (a) JUL 23 1943 (Date received local registrar) (b) J. F. [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 1015 Bates St.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23rd.
year 1943 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb. 10, 19 43 July 23, 19 43
that I last saw her alive on July 23, 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Spina Bifida.

Due to Congenital Malformation

Due to _____

Other conditions (include pregnancy within 3 months of death) 127

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No.

(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 _____

3. Signature J. F. [Signature] (M. D. or other) H.P.
Address 1935 Park Date signed 7-23-43

Duration since birth _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

No Embalming

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Joe S. Ring

.....
Licensed Embalmer No.....

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.