S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1943

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36906

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10365

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: 4006 Castleman Avenue.,
(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)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 917
(If outside city or town limits, write "RURAL")

(d) Street No. 4006 Castleman Avenue.,
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Anna C. Schmierbach

3. (b) If veteran, name war Nil

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 William Schmierbach

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased March (Month) 2 (Day) 1894 (Year)

8. AGE: Years 49 Months 8 Days 23 If less than one day hr. min.

9. Birthplace Marissa (City, town, or county) Illinois. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name Peter Waeltz
13. Birthplace Marissa (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Anna Webbing
15. Birthplace Central City (City, town, or county) Illinois (State or foreign country)

16. (a) Informant William Schmierbach
(b) Address 4006 Castleman Avenue.,

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/27/43 (Month) (Day) (Year)
(c) Place: burial or cremation Marissa, Illinois

18. (a) Signature of funeral director Albert H. Hoppe, Inc
(b) Address 4700 Washington Blvd.

19. (a) NOV 26 1943 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25 year 1943 hour 11 minute 10 A.M.

21. I hereby certify that I attended the deceased from 1/18/43, 19, to 11-25-43, 19; that I last saw her alive on 11-25-43, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Uraemia — Duration 3 days.

50

Due to

Due to

Other conditions General Metastases (Include pregnancy within 3 months of death) — 1 year

Primary Carcinoma Rt. Breast

Major findings: Of operations Ca. Rt Breast. Ca. Rt ovary. General Metastases.

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 Wm Simpson (M. D. or other) M.D

Address 3739 Grairois Ave Date 11/26/43

(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 John Ogonoski

Licensed Embalmer No. 2398

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.