S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 3 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 49506

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 11599

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: 1406 Newhouse Ave.
(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 Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 009 17
(c) City or town St. Louis 726
(If outside city or town limits, write "RURAL")
(d) Street No. 1406 Newhouse Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Elizabeth C. Schmidt
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Henry Schmidt
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 25, 1874. (Month) (Day) (Year)
8. AGE: Years 68 Months 11 Days 26 If less than one day hr. min.
9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housework
11. Industry or business
12. FATHER Name Henry Fehr
13. FATHER Birthplace — (City, town, or county) Germany (State or foreign country)
14. MOTHER Maiden name Catherine Leich
15. MOTHER Birthplace — (City, town, or county) Germany (State or foreign country)
16. (a) Informant Otto Schmidt
(b) Address 1406 Newhouse Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 24, 1943. (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery
18. (a) Signature of funeral director Calvin F. Feutz Funeral Home
(b) Address 4828 Natural Bridge Blvd.
19. (a) DEC 23 1943 (Date received local registrar) (b) J. F. Mudeak (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21st, year 1943 hour 11:20 minute P. M.
21. I hereby certify that I attended the deceased from Nov 6th 1943, 19..., to Dec 21st 1943, 19...; that I last saw her alive on Dec 21st 1943, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration
Due to Age 68
Due to
Other conditions Terminal Pneumonia (Lobar)
(Include pregnancy within 3 months of death)

Major findings:
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other)
Address 990 Arcade Bldg. Date signed 12/22/43

544 (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 Mlinar

Licensed Embalmer No. 4186

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.