

S. No. 2
M-5-43
5-17-39
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#20575
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

945
State File No.
Registrar's No. 1115

FILED FEB 11 1944 8

1003

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo - 29 days
In this community
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. 1810 Rutger
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Schmidt, Carrie
(b) If veteran, name war (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 Joseph B. Schmidt
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased March 23 1866
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 2nd
year 1944 hour 6 minute 20 P.M.
21. I hereby certify that I attended the deceased from Dec. 3rd
19 44, to Feb. 2nd, 19 44
that I last saw her alive on Feb. 2nd, 19 44
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
77 10 10 hr. min.

Immediate cause of death Carcinoma of Colon Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Carcinoma of Colon
Of operation
Of autopsy

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

11. Industry or business
12. Name Unavailable
13. Birthplace II
14. Maiden name Unavailable
15. Birthplace II

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Henry F. Schmidt - Son
(b) Address Route 8, Box 349, Lemay, Mo.
17. (a) Burial (b) Date thereof 2-5-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul's Churchyard

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?

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
(b) Address 7814 South Broadway, St. Louis, Mo.
19. (a) FEB 4 1944 (b) J. F. Brudeck
(Date received local registry) (Registrar's signature)

23. Signature [Signature] (a) While at work (b) Outside of place (c) Cause of injury
Address 1515 Lafayette

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

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

Paul W. Shanklin
working under my personal supervision.

Registered Apprentice No.

Signed

Paul W. Shanklin
Licensed Embalmer No. *3442*

P. O. Address

781 A St. Selway

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.