V. S. No. 2
100M—5-43
Rev. 5-17-39
Form I X3667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 946

FILED JAN 20 1944

Registration District No. 344 318 Primary Registration District No. 1003 Registrar's No. 134

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

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: Died enroute to City Hospital #I
(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 40 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 17

(c) City or town St Louis 924
(If outside city or town limits, write "RURAL")

(d) Street No. 3142 Texas Ave
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Veronica Schmidt

3. (b) If veteran, name war

3. (c) Social Security No. None

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

6. (b) Name of husband or wife George 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct 14 1879 (Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 21 If less than one day hr. min.

9. Birthplace (City, town, or county) Rumania 6 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER 12. Name John Schunck Rumania

13. Birthplace (City, town, or county) 6 (State or foreign country)

MOTHER 14. Maiden name Katherine Hotteyer

15. Birthplace (City, town, or county) Rumania 6 (State or foreign country)

16. (a) Informant Magdalena Hellberg

(b) Address 3142 Texas ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 8 44 (Month) (Day) (Year)

(c) Place: burial or cremation SS Peter&Paul

18. (a) Signature of funeral director Thos Kutis & Son

(b) Address 2906 Gravois Ave

19. (a) JAN 6 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5 A. year 1944 hour One minute Thirty P.M.

21. I hereby certify that I attended the deceased from Feb 1 1938 to Jan 5 1944; that I last saw her alive on Jan 5 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Ch Myocarditis	5
Due to Ch Nephritis	5
Due to Hypertension	5
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations None

Of autopsy No 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) 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? (Specify type of place)

While at work (e) Means of injury

23. Signature R W Fisher (M. D. or other) M. D.

Address 2840 A California Date signed 1-6-44

(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 David Van Tassow

Licensed Embalmer No. #4242

P. O. Address 2906 Gravois Ave

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.