

FILED JAN 31 1944

Registration District No. 317

Primary Registration District No. 3062

Registrar's No. 224

1. PLACE OF DEATH:
(a) County St. Louis.
(b) City or town Brentwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8830 Bridgeport Ave.
(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:
(a) State Missouri. (b) County St. Louis
(c) City or town Brentwood
(If outside city or town limits, write "RURAL")
(d) Street No. 8830 Bridgeport Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gladys Schmitz
(b) If veteran, name war NO
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 25th
year 1944 hour 3 minute 10 M.
21. I hereby certify that I attended the deceased from Jan
4 - 1944 to 1-25 - 1944
that I last saw him w. alive on 1-25 - 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Charles F. Schmitz
(c) Age of husband or wife if alive 52 years

Immediate cause of death _____
Duration _____

7. Birth date of deceased: Sept. 16, 1895
(Month) (Day) (Year)
8. AGE: Years 48 Months 4 Days 9
If less than one day hr. _____ min. _____

Due to Chronic Obstructive Heart disease
Due to Acute - Subacute Endocarditis

9. Birthplace Alton Ill.
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings:
Of operations _____
Of autopsy 92d

MOTHER FATHER { 11. Industry or business _____
12. Name Walter W. Hutchinson
13. Birthplace Alton Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Mattie Signor
15. Birthplace Alton Ill.
(City, town, or county) (State or foreign country)

Physician _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Charles F. Schmitz
(b) Address 8830 Bridgeport Ave.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial Removal (b) Date thereof Jan. 25, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Love Joy Cem. Alton Ill.

(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 Jay B. Smith
(b) Address 7456 Manchester Ave Maplewood, Mo.

While at work? _____ (Specify type of place)
(c) Means of injury _____

19. (a) JAN 26 1944 (b) E. J. McBarren, M.D.
(Date received local registrar) (Registrar's signature)

23. Signature Edward C. Miller, D.O.
Address 8825 G. Manchester Date signed 1-25-44

USE CONTINUING 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 2452

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

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.