

FILED MAY 15 1944

1005

Registration District No.

Primary Registration District No.

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

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 **Park Lane Hospital**
(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 **Maplewood**
(If outside city or town limits, write "RURAL")
(d) Street No. **7454 Flora**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **IDA B. SCHMIDT**

3. (b) If veteran, name war 3. (c) Social Security No.

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

6. (b) Name of husband or wife **Henry W. Schmidt** 6. (c) Age of husband or wife if alive **31st** years **1883**

7. Birth date of deceased **October 31st 1883**
(Month) (Day) (Year)

8. AGE: Years **60** Months **6** Days **2** If less than one day hr. min.

9. Birthplace **Alto Pass Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business

12. Name **Phillip Crippa**

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

14. Maiden name **Matilda McKinney**
(City, town, or county) (State or foreign country)

15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Dorothy Wirth**
(b) Address **7454 Flora, Maplewood, Mo.**

17. (a) **Cremation** (b) Date thereof **5-6-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Vahalla Crematory**

18. (a) Signature of funeral director **C. Hoffmeister**
(b) Address **Colonial 6464 Chippewa, St. Louis, Mo.**

19. (a) **MAY 5 1944** (b) **J. F. Budeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **3rd**
year **1944** hour **5** minute **45 P.** M.

21. I hereby certify that I attended the deceased from **5-2-44** 19 to **5-3-44** 19;
that I last saw her alive on **5-3-44** 19;
and that death occurred on the date and hour stated above.

Immediate cause of death **Degenerative myocarditis**
Arteriosclerosis
Due to

Other conditions (Include pregnancy within 3 months of death) **92**

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?

Mortuary. (Specify type of place) While at work (e) Means of injury

23. Signature **J. F. Budeck** (M. D. or other) **MD**
Address **4930 Lindell** Date signed **5-4-44**

MAY 5 1944

Embalmer's separate cert. filed

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.....

Licensed Embalmer No.....

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.