

FILED OCT 13 1944  
 Registration District No. 377

Primary Registration District No. 3068

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

1. PLACE OF DEATH:  
 (a) County Maplewood Mo  
 (b) City or town Maplewood Mo  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
2286 Yale 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 Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County 96  
 (c) City or town Maplewood Mo  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2286 Yale Ave  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Emma C Schmiedeke  
 (b) If veteran, name war No  
 (c) Social Security No. No

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Divorced  
 (b) Name of husband or wife \_\_\_\_\_  
 (c) Age of husband or wife if alive \_\_\_\_\_ years

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Oct day 6  
 year 1944 hour 7.30 AM \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from July 1944 to Oct 6 1944  
 that I last saw her alive on Oct 5 and that death occurred on the date and hour stated above.

7. Birth date of deceased: Jan 31 1870  
(Month) (Day) (Year)  
 8. AGE: Years Months Days If less than one day  
74 8 5 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: Chronic hypohritis  
a myocarditis  
 Duration unknown  
 Due to \_\_\_\_\_  
 Due to 131 I

9. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife  
 11. Industry or business at home

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

MOTHER FATHER {  
 12. Name Unknown Dooste  
 13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant George Schmiedeke  
 (b) Address 2286 Yale Ave  
 17. (a) Burial (b) Date thereof 10 9 44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation New Bethelam Cem

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 KRIEGSHAUSER  
 (b) Address 4228 SO. Kingshighway  
 19. (a) OCT 9 1944 (b) E. G. McHavran M.D.  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury  
 23. Signature H. G. Moore (M. D. or other) \_\_\_\_\_  
 Address 921-5018 Date Oct 7 1944

Dr Harry G Moore  
18th

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**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.....

*Clavin O Mc Dermott*

Licensed Embalmer No..... *3024*.....

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.**