

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 1 1944
Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 8927

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:
4336 Oleatha Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 2 years 1 *(Specify whether years, months or days)*

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")
(d) Street No. 4336 Oleatha Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ane Sophie Schmidt
(b) If veteran, name war none
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 20
year 1944 hour 1 minute 30 P.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife John E. Schmidt
(c) Age of husband or wife if alive 83 years
7. Birth date of deceased: April 28 1857
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 16 1944 to Oct 20 1944
that I last saw her alive on Oct 20 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
87 5 22 _____ hr. _____ min.

Immediate cause of death
Cerebral Hemorrhage 4 Days
Duration

9. Birthplace Denmark 4
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Due to Arterio-Sclerosis
Chronic Unipolar Disease
Due to _____

11. Industry or business _____
12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

Other conditions 92
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

16. (a) Informant John E. Schmidt
(b) Address 4336 Oleatha St. Louis, Mo.
17. (a) Burial (b) Date thereof 10/23/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery

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

18. (a) Signature of funeral director Mittelberg Fun. Home
(b) Address Webster Groves (191) Mo.
19. (a) OCT 21 1944 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ *(Specify type of place)*
(c) Means of injury 71
23. Signature Paul B. Webb (M. D. or other) M.D.
Address 1915 S. Sidney St. Date signed 10/24/44

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

Signed John M. Meyer
Licensed Embalmer No. 3285
P. O. Address Kirkwood, Ind

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.