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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 27 1944
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39780**
Registration District No. _____
Primary Registration District No. **1003**
Registrar's No. **10512**

1. PLACE OF DEATH:
(a) County _____
(b) City or town city of St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Little Sisters of Poor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community life 5 (Specify whether years, months or days)

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

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced/widowed 2
6. (b) Name of husband or wife August Schmidt
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 21 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>9</u>	<u>17</u>	hr. _____ min. _____

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

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

MOTHER FATHER {
12. Name Peter Lamb
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
14. Maiden name Barbara Kunkel
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. J. Kimmans
(b) Address 602 Westborough
17. (a) burial (b) Date thereof 12-11-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn Cemetery

18. (c) Signature of funeral director Southern Funeral Home
(b) Address 6322 So. Grand Blvd.

19. (a) DEC 10 1944 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 620
(c) City or town city of St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 203 West Schirmer 71
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8th
year 1944 hour 3:00 minute _____ a. M.
21. I hereby certify that I attended the deceased from Nov
19 to Dec 8 1944
that I last saw her alive on Dec 7 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis 2dg
Due to Hypertensive heart disease 6 mo.
Due to Large Ventricle 2 1/2 in
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.

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) _____
Means of injury _____
23. Signature J. F. Bredbeck (M. D. or other) _____
Address 607 N. Grand Date signed 12/8/44

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

JAN 18 1949

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.....

Virgil L. Berryman

Licensed Embalmer No.....

4018

P. O. Address.....

St. Louis, Mo.

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.