S. No. 2
M—8-43
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X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1945

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3593

Primary Registration District No. 3070

Registrar's No. 2760

1. PLACE OF DEATH:
(a) County ST LOUIS
(b) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
428 LEE AVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
(Specify whether years, months or days)
In this community 2 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. LOUIS 96
(c) City or town WEBSTER GROVES 7
(If outside city or town limits, write "RURAL")
(d) Street No. 428 LEE AVE. 4
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME BERTHA DORA SCHMIEDING

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased MAY 21 1867 (Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 18 If less than one day — hr. — min.

9. Birthplace FORT GARLAND COLORADO
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business —

FATHER
12. Name RUDOLPH SCHMIEDING
13. Birthplace UNKNOWN GERMANY
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name FREDERICKA KLEINSCHMIDT
15. Birthplace UNKNOWN GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant G. S. Nye
(b) Address 428 Lee Ave Webs. Groves

17. (a) CREMATION (b) Date thereof JAN. 9-1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: ~~burial~~ or cremation MISSOURI CREMATORY

18. (a) Signature of funeral director Parkerlindsey and E. L. Kirkley
(b) Address O'Fallon Mo.

19. (a) JAN 10 1945 (Date received local registrar) (b) E. G. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 8 year 1945 hour 7 minute A M.

21. I hereby certify that I attended the deceased from 1/6/45, 19..., to 1-8-, 1945, that I last saw h... alive on 1-8, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Embolism	2 da
Due to: Arterial Sclerosis	6 yrs
Due to:	
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? (Specify type of place)
While at work?
(e) Means of injury

23. Signature G. L. Gentry (M. D. or other)
Address 3606 Gravois Date signed 1/8/45

(Licensed Embalmer's Statement on Reverse Side)

a. L. Martin 3606 Gravois

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 L. L. Aldrich

Licensed Embalmer No. 1332

P. O. Address Webster Groves

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.