#24258

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1945

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4794

Primary Registration District No.

Registrar's No. 171

1. PLACE OF DEATH:
(a) County
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
(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. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County
(c) City or town St louis
(If outside city or town limits, write "RURAL")
(d) Street No. 919 Chambers Str
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Josephine Schmidt
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Otto Schmidt
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased March (Month) 29 th (Day) 1889 (Year)
8. AGE: Years 55 Months 9 Days 8 If less than one day hr. min.
9. Birthplace Germany (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Joseph Maurer
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Not Knowen
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Otto Schmidt
(b) Address 919 Chambers Str 1945
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 10 Th (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.
18. (a) Signature of funeral director Edward Kuk
(b) Address 3516 N. 14 Th Str
19. (a) JAN 8 1945 (Date received local registrar) (b) E. J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6th year 1945 hour 6:50 minute P. M.
21. I hereby certify that I attended the deceased from 1/3/45, 19..., to 1/6/45, 19...; that I last saw her alive on 1/6/45, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Infarction of the myocardium due to Arteriosclerosis

Duration

Due to

Due to

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Same

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 Herbert C. Fritz (M.D. or other)
Address 1515 Lafayette Date signed 1/8/45

844

(Licensed Embalmer's Statement on Reverse Side)

Embalmers sep cert to be 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.