

FILED APR 23 1945

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 789

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Ballwin MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pine Crest Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 month 6 day
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Ballwin 96
(If outside city or town limits, write "RURAL")
(d) Street No. Manchester Rd 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rose Schmitt

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race W 6. (a) Single, widowed, married, divorced W.
6. (b) Name of husband or wife Wm. Schmitt 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 17 - 1869
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation UNKNOWN

11. Industry or business _____

MOTHER { 12. Name _____
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. Mosbacher
(b) Address 4522 N. 19th St. St. Louis, Mo

17. (a) burial (b) Date thereof 3-28-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Louis H. Hoff
(b) Address Hubward 720

19. (a) MAR 29 1945 (b) D. C. & McManis
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1945 hour 3:50 minute _____ P.M.

21. I hereby certify that I attended the deceased from Sept 1944 to March 26 1945
that I last saw her alive on March 26 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis with decompensation

Due to _____
Due to _____
Other conditions none
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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)
(e) Means of injury _____

23. Signature B. R. Loving (M. D. or other) D. M. D.
Address Ballwin, Mo Date signed 3-26-45

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

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.....

Jan M. Szymorek

Licensed Embalmer No. *4343*

P. O. Address *7415 Zephyrus Pl
Maplewood, N.J.*

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.