S. No. 2
OM—2-43
v. 5-17-39
B-1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22530

State File No.

FILED AUG 3 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6574

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:
5068a Ruskin Ave. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 004

(c) City or town St. Louis 17 7
(If outside city or town limits, write "RURAL")

(d) Street No. 5068a Ruskin Ave. 9
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Agnes Schmidt

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Fred J. Schmidt

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

7. Birth date of deceased Sept. 8, 1889
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
55	10	17	hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name August Hossenlopp
13. Birthplace France 5
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Kaup
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. George Bocklitz
(b) Address 2416 Lucas-Hunt Road

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28, 1945
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home
(b) Address 4828 Natural Bridge Blvd.

19. (a) JUL 27 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25,
year 1945 hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from July 14, 1944, to July 25, 1945
that I last saw her alive on July 24, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Coronary Thrombosis	1 day
Due to: Chronic Myocarditis & Hypertension	1 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 0

23. Signature [signature] (M. D. or other) M. D.
Address 2202 University Date signed 7-26-45

(Licensed Embalmer's Statement on Reverse Side)

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. 0957

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.