. S. No. 2
M—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 20 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22531

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5946

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4425a Rosa Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether

In this community 65 Yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17 2 (If outside city or town limits, write "RURAL")

(d) Street No. 4425a Rosa Ave. 9 (If rural, give location)

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

If yes, name country None

3. (a) PRINT FULL NAME Johanna M. 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 Widow 2

6. (b) Name of husband or wife Charles W. Schmidt

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

7. Birth date of deceased March (Month) 25 (Day) 1857 (Year)

8. AGE: Years 88 Months 3 Days 12 If less than one day hr. min.

9. Birthplace ----- (City, town, or county) Germany (State or foreign country)

10. Usual occupation House-wife

11. Industry or business at home

FATHER 12. Name Gustave Reuter

13. Birthplace -------- (City, town, or county) Germany (State or foreign country)

MOTHER 14. Maiden name Unknown

15. Birthplace ----- (City, town, or county) Germany (State or foreign country)

16. (a) Informant Chas. W. Schmidt

(b) Address Milner Hotel

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10/45 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Brockland Und. Co

(b) Address 1827 Hogan St.

19. (a) JUL 9 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th. year 1945 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from June 1, 1944 to July 6, 1945 that I last saw her alive on July 6/45, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	1 year
Due to Mitral Regurgitation	5 years
Due to General arteriosclerosis	2 months
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 0

23. Signature Charles H. Guhman (M. D. ~~or other~~)

Address 5183 Cabanne ave Date signed 7/7/45

(Licensed Embalmer's Statement on Reverse Side)

Guhman

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 Albert G. Hoffa

Licensed Embalmer No. 2971

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.