

FILED NOV 318 1945 STANDARD CERTIFICATE OF DEATH 1003

State File No. _____
Registrar's No. 9182

Registration District No. _____ Primary Registration District No. _____

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:
Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 8721 Halls Ferry Road
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME CHRISTINE SCHMIDT

20. DATE OF DEATH: Month OCTOBER day 24
year 1945 hour _____ minute 8 M.

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

21. I hereby certify that I attended the deceased from 10-4-45
_____, 19____, to 10-24, 1945
that I last saw her alive on 10-23, 1945
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S

Immediate cause of death
Cardio-vascular renal disease

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

7. Birth date of deceased: January 8 1870
(Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 16 If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

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

10. Usual occupation nil

11. Industry or business _____

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

12. Name Louis Schmidt

13. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Scheller

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

16. (a) Informant Margaret Spencer, Luth Altenheim

(b) Address 8721 Halls Ferry Road

17. (a) Burial (b) Date thereof Oct 26 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden F H Inc

(b) Address 1936 St Louis Avenue

19. (a) OCT 24 1945 (Date received local registrar)
J. J. Brodeck (Registrar's signature)

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 H. J. Brodeck (M. D. or other)
Address 56747 Union Date signed 10-24-45

OCT 24 1945

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

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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.....
Glen L. West

Licensed Embalmer No. *2707*

P. O. Address. *1926 St. Louis Ave*

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.