

S. No. 2
M-5-43
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15171

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 3273

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(c) Name of hospital or institution: Enroute City Hospital 2
(d) Length of stay: In hospital or institution. 3 yrs. 4 mos. 12 das
In this community 3 yrs. 4 mos. 12 das

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(d) Street No. 2905a N. 14th St
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Margaret Schmied
3. (b) If veteran, name war ---
3. (c) Social Security No. ---

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced child 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 24, 1942

8. AGE: Years Months Days If less than one day

3	4	12	hr.	min.
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9. Birthplace Sy. Louis Mo. 0

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name Roy Schmied 0
13. Birthplace St. Louis Mo.
14. Maiden name Margaret Maher
15. Birthplace E. St. Louis Illinois

16. (a) Informant Roy Schmied
(b) Address 2905a N. 14th St

17. (a) Burial Date thereof 4-10-46
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Robert Goodhart
(b) Address 2228 St. Louis Ave

19. (a) APP 0 (b) J. F. Bourneck (c) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 6 year 1946 hour 12 minute 30

21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture of skull
laceration of brain
Duration of illness very short
The intervention of Blair & Cooper
Dr. Stuart around 10:30 a.m. April 6, 1946

Other conditions
Major findings: 170
Of operations
Of autopsy: 21

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 April 6, 1946
(c) Where did injury occur
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature of physician
Address
Date signed 4/8/46

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD
14071

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

Marie R. Cashin

Licensed Embalmer No.

3949

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.