

FILED

MAY 17 1946
318

STANDARD CERTIFICATE OF DEATH
1003

State File No. 18873

Registrar's No. 4146

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: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

MISSOURI
(a) State _____ (b) County 0-01
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4843 Nebraska (If rural, give location) 15
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME VIOLET BERTHA SCHMITT

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

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Walter 6. (c) Age of husband or wife if
alive 42 years
7. Birth date of deceased Sept 3 1903
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 8 3 _____ hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name George Voeltz

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

14. Maiden name Kath Norris
(City, town, or county) (State or foreign country)

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

16. (a) Informant Walter J. Schmitt

(b) Address 4843 Nebraska ave

17. (a) Burial (b) Date thereof 5-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OUR REDEMER

18. (a) Signature of funeral director W. Schmach

(b) Address 3013 Meramec st

19. (a) MAY 7 1946 (b) J. F. Bredeck
(Date local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1946 hour _____ minute A. M.

21. I hereby certify that I attended the deceased from
May 3 1946 to May 6 1946.
that I last saw her alive on May 6 1946.
and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic heart disease with decompensation
Duration _____

Due to _____

Due to _____

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H. B. Bradley (Seal)

Address Barnes Hospital Date signed 5/14/46

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

MOTHER FATHER

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 Francis Williamson
Licensed Embalmer No. 3565
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.