

FILED MAY 31 1946

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4807 St. Louis Ave. /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Elizabeth Schmitz

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 widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive Jan. 21st. 1868 years
 7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Old Monroe, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Hemmersmeier

12. Name Germany

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

14. Maiden name Unknown

15. Birthplace Mrs. Leona Haemmerle (City, town, or county) (State or foreign country)

16. (a) Informant 4807 St. Louis Ave.

(b) Address Burial 5/27/86

17. (a) (Burial, cremation, or removal) Calvary Cemetery (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Sullivan Funeral Dir

18. (a) Signature of funeral director 2849 North Euclid Ave.

(b) Address MAY 24 1946

19. (a) (Date received local registrar) J. F. Bredeek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-0-0
 (c) City or town St. Louis (If outside city or town limits, write "RURAL") 6-11
 (d) Street No. 4807 St. Louis Ave. (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24th. year 1946 hour 3.50 minute A.M.

21. I hereby certify that I attended the deceased from May 1, 1944 to May 24, 1946
 that I last saw him alive on May 23, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coriary dilation Duration one wk

Due to Chronic myeloid leukemia 3 yrs

Due to Arteriosclerosis and age 3 yrs

Other conditions 131 (Include pregnancy within 3 months of death)

Major findings: Of operations no op

Of autopsy in autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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) (c) Means of injury _____

23. Signature Edm T Hirsch (M. D. or other)

Address 8500 N. Grand Date signed 5/24/46

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

MOTHER FATHER

~~Dr. Hershey~~

Dr. Hirschi

3500 North Grand NE. 1358

Embalmer rep cert to be filed

MAY 24 194

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.....

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.