

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUN 20 1946**  
**318**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

Registrar's No. **5073**

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:  
2146 Victor St.  
(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

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. 2146 Victor St.  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Margaret Schmidt

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th  
year 1946 hour 4:30 minute 20A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased March 26 1878  
(Month) (Day) (Year)

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction due to arteriosclerosis of the coronary arteries

*Myocardial infarction due to arteriosclerosis of the coronary arteries. She was found dead in the kitchen near the steps leading to the basement of her home on June 6, 1946 about 6:20 a.m. while suffering from temporary hypertension.*

8. AGE: Years 68 Months 2 Days 10 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Other conditions Myocardial infarction  
(include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy Hoff

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER {

11. Industry or business \_\_\_\_\_

12. Name Michael Schiro

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

14. Maiden name Eva Glon

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

16. (a) Informant John Schmidt  
(b) Address 2146 Victor St.

17. (a) Burial (b) Date thereof June 8, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Peter's Paul Cemetery

18. (a) Signature of funeral director John T. Kubla  
(b) Address 2630 Grand Ave.

19. (a) JUN 6 1946 (b) J. F. Brodeur  
(Date received local registrar) (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 June 6 1946

(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) \_\_\_\_\_ (e) Means of injury Heart

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 6/6/46

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

21012

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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 Robert I. Gebben

Licensed Embalmer No. 4144

P. O. Address 2630 Graybis 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.**