No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6916
3185

Registration District No. 318 Primary Registration District No. 1003 Registrar's 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:
Lutheran Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 080
(c) City or town St. Louis 1517
(If outside city or town limits, write "RURAL")
(d) Street No. 4519a Morganford Rd. 9
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna Schmidt

3. (b) If veteran, name war ----

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Frank

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

7. Birth date of deceased October (Month) 3rd, (Day) 1880 (Year)

8. AGE: Years 66 Months 4 Days 29 If less than one day hr. min.

9. Birthplace (City, town, or county) Austria 4 (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Karl Kautzner
13. Birthplace (City, town, or county) Austria 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Andrew J. Buehler 1
(b) Address 4519a Morgnaford Rd., St. Louis, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Mar. 5, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker-Helderle H. & L. Co
(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) MAR 4 1947 (Date received by registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd year 1947 hour 8 minute 15 A. M.

21. I hereby certify that I attended the deceased from Feb. 14 to Feb. 14, 1947, to March 1, 1947; that I last saw her alive on March 1, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Generalized abdominal Carcinoma	
Primary in gall-bladder	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy above findings

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) Place of occurrence (City or town) (County) (State)
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Karl F. Belaz M.D. (M. D. or other)
Address 3623 Cleveland Ave. Date signed 3-3-47

(Licensed Embalmer's Statement on Reverse Side)

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 Frank J Ryland

Licensed Embalmer No. 2645

P. O. Address Ft Louisa

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.