

S. No. 2
-12-45
5-17-39
1 X47070

FILED MAR 31 1947
318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 2805

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:
6803 Leona /
(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 Sophia B Schmidt

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 Married

6. (b) Name of husband or wife Louis F

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Mar 13 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>0</u>	<u>I</u>	hr. _____ min. _____

9. Birthplace Columbia Ill. /
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Jacob Lotz

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

14. Maiden name Barbara Kolb
(City, town, or county) (State or foreign country)

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

16. (a) Informant Louis F Schmidt

(b) Address 6803 Leona

17. (a) Burial (b) Date thereof 3/17/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park Cemetery

18. (a) Signature of funeral director John L Ziegenhein & Sons

(b) Address 2027 Gravois

19. (a) MAR 17 1947 (b) J. J. Predeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Kayo

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 6803 Leona
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 14
year 1947 hour _____ minute 5-15 M.

21. I hereby certify that I attended the deceased from 3/21/43, 19____, to 3-14-47, 19____;
that I last saw her alive on 3-14-47, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Infarctus of aged 73 yr

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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)

(a) Means of injury _____

23. Signature J. J. Predeck (M. D. or other) _____

Address 223 S. Kingshighway Date signed 3/17/47

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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 D. Quinn

Licensed Embalmer No.....

NA 45

P. O. Address.....

At Home

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.