

No. 2
12-45
17-39
X47070

State File No. _____

FILED MAR 31 1947
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3094

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:
Firman Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Hour
(Specify whether
in this community 40 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 918 So. Sarah St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22nd
year 1947 hour _____ minute 30 A.M.
21. I hereby certify that I attended the deceased from Jan
1947 to Mar 22, 1947.
that I last saw h. er alive on 3/22, 1947.
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carcinomatous
Due to Carcinoma of Colon
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Duration
?
?
PHYSICIAN
Underline
the cause to
which death
should be
charged sta-
tistically.

3. (a) PRINT FULL NAME Alice Schmitt
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 Widow 2
6. (b) Name of husband or wife Jihn Schmitt
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 19, 1878
(Month) (Day) (Year)

8. AGE: Years 68 Months 11 Days 3
If less than one day _____ hr. _____ min.

9. Birthplace Dont Know Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER {
12. Name Mathias Borders
13. Birthplace Dont Know Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Vessels
15. Birthplace Dont Know Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ida Pfeister
(b) Address 837 Canal St. Evansville Ind.

17. (a) Burial (b) Date thereof 3-25-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd

19. (a) MAR 24 1947 (b) J. F. Bradock
(Date received local registrar) (Registrar's signature)

Major findings: Same
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) (e) Means of injury _____
23. Signature Thomas W. Martin (M. D. or other)
Address 634 No Grand Date signed 3/22

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.