S. No. 2
M—4-13-40
ev. 5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 8 1947

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26027

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7164

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-0-0

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5736 Lindenwood 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME Katie 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 Louis

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

7. Birth date of deceased March 25th, 1860
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
87	4	6	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation home

11. Industry or business

FATHER
12. Name Carl Loewenstein
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Catherine Glassmann
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Louis C. Schmidt
(b) Address 5736 Lindenwood, St. Louis, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/2/47 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery

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

19. (a) AUG 1 1947 (Date received local registrar) J. F. Breseck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31st
year 1947 hour 7--45 minute A M.

21. I hereby certify that I attended the deceased from Aug 2, 1937, to July 31, 1947
that I last saw her alive on July 31, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral apoplexy	2½ dy
Due to Hypertension	10 yr +
Arteriosclerosis	10 yr +
Due to Senility	
Other conditions Mitral Regurgitation	10 yr +
(Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 92

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) 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Victor F. Kloepper (M. D. or other) MD
Address 5203 Chippewa Date signed 7/31/47

(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.....

Licensed Embalmer No. 2645

P. O. Address St Louis Mo

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.