. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

3049

FILED JAN 22 1948

Registration District No. 318 Primary Registration District No. 1003 State File No. 307

Registrar's No.

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

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: 6333 Alabama Ave.
(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 000

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

(d) Street No. 6333 Alabama Ave. 9
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME CAROLINE 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 widowed

6. (b) Name of husband or wife Jacob Schmidt

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

7. Birth date of deceased June (Month) 25 (Day) 1859 (Year)

8. AGE: Years 88 Months 6 Days 14 If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business none

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

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

16. (a) Informant Minnie Lewis
(b) Address 227 W Illinois St

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Trinity Cem.

18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan Ave.

19. (a) JAN 12 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9 year 1948 hour 3 minute 5 P. M.

21. I hereby certify that I attended the deceased from Nov. 1 1947 to Jan. 9 1948 that I last saw her alive on Jan. 8 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of left Kidney

Due to Terminal Broncho-pneumonia

Due to Senility 3 days

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 52

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 D. S. Pruett (M. D. ~~or other~~) U

Address 6006 Va. Ave. Date signed 1-10-48

Jefferson City Printing Co.

(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 V E Morris

Licensed Embalmer No. 3360

P. O. Address.....

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.