. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3575

FILED JAN 21 1948

Registration District No. 3787 Primary Registration District No. 4467 Registrar's No. 160

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Hawkins Rd. Valley Park R.R.1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Hawkins Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town R.R.#1 Valley Park 0
(If outside city or town limits, write "RURAL")
(d) Street No. — 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CECELIA ROESCH HEATH SCHMIDT
3. (b) If veteran, name war
3. (c) Social Security No. 488-28-5502
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Ben A Schmidt
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Mar. (Month) 22, (Day) 1904 (Year)

8. AGE:

Years	Months	Days	If less than one day
43	9	23	..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Conrad Roesch
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Marie Link
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Ben A Schmidt
(b) Address Valley Park R#1 Mo.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1/19/48 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla
18. (a) Signature of funeral director John L Ziegenhein & Sons
(b) Address 7027 Gravois
19. (a) 1-19-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15, year 1948 hour 2 minute 45 P M.
21. I hereby certify that I attended the deceased from June 3, 1947 to Jan 15, 1948 that I last saw her alive on Jan 12, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinomatosis	
Due to Primary Ca of the uterus	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

48.6

Major findings:
Of operations
Of autopsy

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 Frank Huck (M. D. or other) M.D.
Address Fenton, Mo Date signed 1/18/48.

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

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 W. G. Peterson

Licensed Embalmer No. 7027 Gravois

P. O. Address 7027 Gravois

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.