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. 6994

FILED MAR 15 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2291

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: Deaconness
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 months (Specify whether
In this community 18 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis
(c) City or town ~~St. Louis~~ Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 2237 Spencer Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Mrs. Helen B. Schmid
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Adolph Wm.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. 29, 1895 (Month) (Day) (Year)

8. AGE: Years 52 | Months 2 | Days 5 | If less than one day hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business —

FATHER
12. Name John Langeneckert
13. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lena Correll
15. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Adolph Schmid
(b) Address 2237 Spencer Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/48 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (c) Signature of funeral director BEIDERWIEDEN F.H.INC
(b) Address 1936 St. Louis Avenue
19. (a) MAR 6 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1948 hour 1: minute 10 P. M.

21. I hereby certify that I attended the deceased from 9-4- 1947 to 3-4- 1948
that I last saw her alive on 3-4- 1948
and that death occurred on the date and hour stated above.

Immediate cause of death multiple carcinomatosis abdominal
Due to Multiple carcinomatosis-Abdominal Primary rectal carcinoma
Due to Primary rectal carcinoma
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Primary rectal carcinoma & abdominal metastasis
Of autopsy Primary rectal carcinoma with abdominal metastases

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 F. J. Dean Sauer (M. D. or other) M.D.
Address 916 Mc. Kent Bldg. Date signed 3-4-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) Dr Dean Sauer

Dr. Dean Sauer
3-4 Mo. Theatre Bldg.
no hrs. Saturday

MAR 11 1958

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 Glen W. Hall

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis

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.