

FILED MAR 15 1948
Registration District No. **318**

Primary Registration District No. **1003**

WRITE PLAINLY—USE 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:
3046 Hawthorne Blvd.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: 'In hospital or institution (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Martha 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 married
 6. (b) Name of husband or wife J. A. Valentin
 6. (c) Age of husband or wife if alive 84 years
 7. Birth date of deceased July 4 1882
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>8</u>	<u>0</u>	hr. min.

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

10. Usual occupation Home

11. Industry or business

MOTHER FATHER {
 12. Name Christopher Brokate
 13. Birthplace Unknown Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Julia Delmore
 (b) Address 3046 Hawthorne

17. (a) Crematory (b) Date thereof 3/6/48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Walter Helderich
 (b) Address 3634 Gravois Ave.

19. (a) Mar 5 1948 (b) J. F. Brodeur
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3046 Hawthorne Blvd.
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 4
 year 1948 hour 3 minute A. M.
 21. I hereby certify that I attended the deceased from June 9th 1943
 to March 4th 1948
 that I last saw her alive on March 4th 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular
 Due to Essential Hypertension
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) C. D.
 Major findings: Of operations _____
 Of autopsy _____

Duration
5 days
5 years

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?

23. Signature J. F. Brodeur (M. D. or other) em
 Address 3606 Gravois Ave. Date signed 3/14/48
 While at work? (Specify type of place) (e) Means of injury _____

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 Robert Wheeler.....

Licensed Embalmer No. 2128.....

P. O. Address Atlanta Ga.....

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.