No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 23 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14631

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3547

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Infirmary Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3/17/43 To 4/12/48 (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. 13 5800 Arsenal St. 9
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ROSE SCHMIDT
3. (b) If veteran, name war XX
3. (c) Social Security No. XX
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single ()
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 11 (Day) 1872 (Year)

8. AGE: Years 75 Months 11 Days 1 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri () (State or foreign country)
10. Usual occupation Nil
11. Industry or business
FATHER
12. Name Peter Schmidt
13. Birthplace Germany (City, town, or county) (State or foreign country) 4
MOTHER
14. Maiden name Katherine Meyer
15. Birthplace Germany (City, town, or county) (State or foreign country) 4
16. (a) Informant City Infirmary Records
(b) Address 5800 Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/14/48 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery
18. (a) Signature of funeral director Wacker-Heldrell Und. & Liv. Co.
(b) Address 3634 Gravois, St. Louis, Mo.
19. (a) APR 14 1948 (Date received local registrar) (b) J. F. Brezeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1948 hour 2 minute 30 P.M.
21. I hereby certify that I attended the deceased from July 1, 1947 to April 12, 1948
that I last saw her alive on April 12, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach

Due to

Due to 46

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
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 Warren C. Lewis (M. D. or other)
Address 5600 Arsenal Date signed 4-13-48

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.....Frank J. Hyland

Licensed Embalmer No.....2675

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.