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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27753
7553

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Months Memorial 3
In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

MARIE HABSCHMIDT

3. (b) If veteran, name war None

3. (c) Social Security No. None

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 September 6, 1900
(Month) (Day) (Year)

8. AGE: Years 47 Months 11 Days 21 If less than one day hr. min.

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

10. Usual occupation Domestic

11. Industry or business _____

12. Name Lawrence HabSchmidt

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

14. Maiden name Mary Boehm

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

16. (a) Informant Mrs. Martha Hatzl

(b) Address 7004 Sutherland

17. (a) Burial (b) Date thereof 8-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math. Hermann & Son, Inc.

(b) Address 2161 E. Fair Ave

19. (a) AUG 28 1948 (b) F. Bradeck
(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. 7004 Sutherland Ave
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 27th
year 1948 hour 9 minute 50 A. M.

21. I hereby certify that I attended the deceased from 8/22/48
19____, to Aug. 27th 19____

that I last saw her alive on Aug. 27th 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular accident
Duration _____

Due to _____
Due to _____

Other conditions Hydropneumothorax Bilateral & stores
(Include pregnancy within 6 months of death)

Major findings: Of operations

Of autopsy _____
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? _____

Signature W. Carter (Type of place) Home (e) Means of injury _____
1515 Lafayette 8/27/48
Address Date signed

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

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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 Richard G. Burnley
Licensed Embalmer No. 43008
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.