S. 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. 28189

FILED AUG 28 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7241

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: Park Lane Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether

In this community 76 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 11 (If outside city or town limits, write "RURAL")

(d) Street No. 2920a Michigan 9 (If rural, give location) 16 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mrs. Ida Schmidt

3. (b) If veteran, name war ——

3. (c) Social Security No. ——

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mr. Adam J. Schmidt

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased July 12, 1872 (Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 4 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Mr. Jacob Breitwieser 1
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Mrs. Barbara Schnur
15. Birthplace (City, town, or county) Germany 11 (State or foreign country)

16. (a) Informant Mr. Adam J. Schmidt

(b) Address 2920a Michigan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 18, '48 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Beiderwieden F.H. Inc.

(b) Address 1936 St. Louis Avenue

19. (a) AUG 18 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16 year 1948 hour 4 minute 15 A. M.

21. I hereby certify that I attended the deceased from August 11, 1948 to August 16, 1948 that I last saw her alive on August 16, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of heart due to myocarditis. Chr

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations No operation

Of autopsy No 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 0

23. Signature [signature] (M. D. or other)

Address 4930 Russell Pl. Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Frank J. Schmi
3624 So Broadway
4930 Lindell
Park Lane –

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.

Emb. filed separately

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.