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X36671

FILED SEP 7 1948

Registration District No. **317**

Primary Registration District No. **2002**

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

1. PLACE OF DEATH:
 (a) County **Saint Louis**
 (b) City or town **University City, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
834 Warder Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community.....
years, months or days)

3. (a) PRINT FULL NAME **Marie E. 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 **August A. Schmidt** **6. (c) Age of husband or wife if** **60** **years**
7. Birth date of deceased **May 15th, 1893**
(Month) (Day) (Year)

8. AGE: Years **55** Months **3** Days **4**
 If less than one day
hr.min.

9. Birthplace **Columbus Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business

MOTHER FATHER
12. Name **Charles C. Harrison**
13. Birthplace **Indiana**
(City, town, or county) (State or foreign country)
14. Maiden name **Caroline Smith**
15. Birthplace **Chillicothe, Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. August A. Schmidt**
(b) Address **834 Warder Ave., University City, Mo.**

17. (a) Entombment **8/25/48**
(Burial, cremation, or removal) (Date thereof) (Month) (Day) (Year)
(c) Place: burial or cremation **Oak Grove Mausoleum**

18. (a) Signature of funeral director **Calvin F. Feutz**
(b) Address **4828 Natural Bridge Boulevard, 15**

19. (a) 8-20-48 **(b) Cecil A. Shaw, M.D.**
(Date received local registrar) (Registrar's signature) (Date)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Saint Louis**
 (c) City or town **University City**
(If outside city or town limits, write "RURAL")
 (d) Street No. **834 Warder Avenue**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **19**
 year **1948** hour **11.30** minute **P.** M.

21. I hereby certify that I attended the deceased from **Feb** 19**48**, to **8-19** 19**48**
 that I last saw her alive on **8-19** 19**48**
 and that death occurred on the date and hour stated above.

Immediate cause of death: **metastatic Carcinoma** **16mo**
Carcinoma Colon **16mo**
H6e
 Due to.....
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: **metastatic ca**
 Of operations: **of liver**
 Of autopsy: **none**
 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?
 While at work?.....
(Specify type of place)
 Means of injury.....

23. Signature **Stanford Phillips, M.D.**
Address **1117 N. Union** **Date signed** **8-19-48**

JAN 17 1950

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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 Ralph C Linder

Licensed Embalmer No. 4275

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.