

REC'D MAY 10 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

12247  
Do not use this space.

## 1. PLACE OF DEATH

(a) County.....<sup>2</sup> Registration District No.....<sup>791</sup>  
(b) Township..... Primary Registration District No.....<sup>1003</sup> Registered No.....**3589**  
(c) City St. Louis. (d) Street No. 3533 No. Taylor. St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME <sup>530</sup> Gussie Schmidt.

(a) Residence, No. 3533 No. Taylor. St. 10 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF The Late Gust J. Schmidt.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8, 1881.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
57 0 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as Housewife.  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis. (STATE OR COUNTRY) Mo. 013. NAME Harry Falk,14. BIRTHPLACE (CITY OR TOWN) Unkown. (STATE OR COUNTRY) 915. MAIDEN NAME Filmore. 916. BIRTHPLACE (CITY OR TOWN) Unkown. (STATE OR COUNTRY) 917. INFORMANT Edward Schmidt. (ADDRESS) 3533 No. Taylor.18. BURIAL, CREMATION, OR REMOVAL PLACE Lakewood Park Cem. April 20, 193919. FUNERAL DIRECTOR (NAME) Stroot Carroll. (ADDRESS) 4600 Natural Bridge.20. FILED APR 18 1939 J. B. Bredbeck Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April, 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1939 to April 17, 1939  
I last saw her alive on April 15, 1939 Death is said to have occurred on the date stated above, at 3:30 A.M.  
The principal cause of death and related causes of importance were as follows:

Chronic MyocarditisDate of onset Don't know

Other contributory causes of importance:

General hypertension Don't knowName of operation none Date of.....  
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external cause (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury..... 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify.....  
(Signed) R. A. Newman, M. D.  
(Address) 5330 Geraldine

**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 H. Street*.....

Licensed Embalmer No. *2265*.....

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, above space should be left blank.**