DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27227

Registration District No. 791 Primary Registration District No. Registrar's No. 6727

1003 DEC'D SEP 14 1939

1. PLACE OF DEATH:

(a) County 2

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5512 Tennessee ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 5 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 15

(d) Street No. 5512 Tennessee ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 50 years.

3. (a) PRINT FULL NAME 530 Sophie Schmidt

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife Klaus Schmidt

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

7. Birth date of deceased September (Month) 15 (Day) 1853 (Year)

8. AGE: Years 85 Months 10 Days 16 If less than one day hr. min.

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

10. Usual occupation At Home 6

11. Industry or business

FATHER
12. Name Unknown 6
13. Birthplace (City, town, or county) Germany (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant's own signature Mary Wagenfuehr

(b) Address 5512 Tennessee ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof August 2, 1939 (Month) (Day) (Year)

(c) Place: burial or cremation St. Mathew Cemetery

18. (a) Signature of funeral director C. Hoffmeister V-L.E.

(b) Address 7814 S. Broadway

19. (a) AUG 1 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1939 9 hour 40 minute A M.

21. I hereby certify that I attended the deceased from Dec 1, 1938, to July 31, 1939 that I last saw her alive on July 29, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive Heart Failure caused by arteriosclerotic	10 days
Due to heart disease	
Due to	
Other conditions Gall bladder disease (Include pregnancy within 3 months of death) cholelithiasis?	?

Major findings: Of operations none.

Of autopsy none

PHYSICIAN — 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) no

(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 Fabian J. Burke (M. D. or other) [illegible]

Address 6402 A Morganford Date signed 8-1-39

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 I X19511

6402 Margaret
11-12

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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.