

MARGIN RESERVED FOR BINDING

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

38010

791
Registration District No.

Primary Registration District No.

Registrar's No.

9849

1. PLACE OF DEATH:

1003

- (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: Josephine Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Weeks
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Gertude Schmitz

532

8. (b) If veteran, name war _____

8. (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 Joseph

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Feb.

(Month)

2

1899

(Day)

(Year)

8. AGE:

Years 40

Months 9

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

11. Industry or business _____

12. Name Michael Meys

13. Birthplace _____

(City, town, or county)

Germany

(State or foreign country)

14. Maiden name Catherine Meys

15. Birthplace _____

(City, town, or county)

Germany

(State or foreign country)

16. (a) Informant's own signature Joseph Schmitz

(b) Address 2840 Victor St.

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof Nov. 21, 1939

(Month) (Day) (Year)

(c) Place: burial or cremation NewSS. Peter & Paul Cemetery

18. (a) Signature of funeral director J.H. Golden

(b) Address 2630 Gravois

19. (a) NOV 14 1939

(Date received local registrar)

(b) J.F. Budick

(Signature of embalmer)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
 (c) City or town St. Louis 23
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2840 Victor St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 11 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18
 year 1939 hour 4 minute _____ A. M.

21. I hereby certify that I attended the deceased from Jan 1st, 1939, to Nov. 18, 1939;
 that I last saw him alive on Nov. 18, 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death

General Bacteremia 19 days
 Due to Carcinoma of liver 4 mos
 Due to Carcinoma of left breast 12 mos

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of breast

Of autopsy _____

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) _____
 (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 Dr. A.P. Stein (M. D. or other) _____
 Address 2602 So Gravois Date signed 11/18/39

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..... *Herman A. Gebken*.....

Licensed Embalmer No..... *2120*.....

2842 Meramec St.
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, above space should be left blank.