

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

321

Registration District No. 701

Primary Registration District No. _____

Registrar's No. 321

1. PLACE OF DEATH: 10003
(a) County St. Louis Missouri 2
(b) City or town _____
(c) Name of hospital or institution: 2649a Iowa Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community about 65 years (Specify whether _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis Mo. 23
(If outside city or town limits, write "RURAL")
(d) Street No. 2649a Iowa Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. about 65 years years.

3. (a) PRINT FULL NAME Elizabeth Schmitt (Nee Weipert)
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 10th year 1940 hour 11 A.M. minute _____
21. I hereby certify that I attended the deceased from Dec 1, 1939 M. to Jan 10, 1940 M. that I last saw her alive on Jan 9 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Adam Schmitt 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 6th 1847
(Month) (Day) (Year)

Immediate cause of death chronic myocarditis Duration unknown
Due to arterio-sclerosis unknown

8. AGE: Years 92 Months 2 Days 4 If less than one day _____ hr. _____ min.
9. Birthplace Germany (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations none
Of autopsy none

10. Usual occupation Housewife
11. Industry or business _____
12. Name Unknown 6
13. Birthplace unknown (City, town, or county) (State or foreign country) 7
14. Maiden name Unknown 7
15. Birthplace unknown (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following: no
(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? _____

16. (a) Informant's own signature Mrs. Lillian O'Heron
(b) Address 2649a Iowa Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 13th 1940 (Month) (Day) (Year)
(c) Place: burial or cremation SS Peter and Paul's
18. (a) Signature of funeral director John J.A. Barrett
(b) Address 2819 Union Ave.
19. (a) JAN 13 1940 (b) J.F. Braddock

PHYSICIAN _____
Underline the cause to which death should be charged statistically

While at work? (Specify type of place) (e) Means of injury _____
23. Signature W.H. Schneider (M. D. or other) M.D.
Address 3318 S. Grand Date signed 1-11-40

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.

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.....

Guy W. Wilkins

Licensed Embalmer No.....

2575

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.