DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 830

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 830

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis FEB 17 1940
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2732 Caroline St. 2
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 22
(If outside city or town limits, write "RURAL")

(d) Street No. 2732 Caroline St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Josephine Smith Schmitt

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William ~~Smith~~ Schmitt

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

7. Birth date of deceased June (Month) 12 (Day) 1884 (Year)

8. AGE: Years 55 Months 7 Days 14 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife 6

11. Industry or business 6

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

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

16. (a) Informant's own signature W. Smith
(b) Address 2732 Caroline St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/29/40 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director E. J. Schnur
(b) Address E. J. Schnur 3125 Lafayette

19. (a) JAN 28 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26 year 1940 hour 1:30 minute A M.

21. I hereby certify that I attended the deceased from 1/20, 1940, to 1/26, 1940 that I last saw her alive on 1/25, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to 93C

Due to

Other conditions Cholocystitis
(Include pregnancy within 3 months of death)
unknown as to stones

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Otto C. Hauser (M. D. or other)
Address 315 7th Park Av Date signed 1/27/40

(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. 8-17-39 I X19511

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. Jos B Wollmer

Licensed Embalmer No. 4614

P. O. Address 3125 Lafayette ave.

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.