

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16588

State File No.

1003

Registrar's No. 4066

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4226 Lee 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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4226 Lee Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1940 hour 76 minute 30 P.M.
21. I hereby certify that I attended the deceased from April 2
1940 to May 4 1940
that I last saw him alive on 5-4-40 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
with hypertrophy

Due to 930
Due to _____

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
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) 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?

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

23. Signature W. W. Harris (M. D. or other)
Address 3404 W. Grand Date signed 5/6/40

3. (a) PRINT FULL NAME Lena Schmidt. 530
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 Late Charles Schmidt. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased About 1858.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 82. hr. min.

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

10. Usual occupation Housewife.

11. Industry or business _____

12. Name John Hartmann.

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

14. Maiden name Wilhelmina Stocks.

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

16. (a) Informant A. W. Zillich

(b) Address 823 Jackson Ave. U. C.

17. (a) Burial (b) Date thereof 5-7-40.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Betheny Cem.

18. (a) Signature of funeral director H. J. Leiden
(b) Address 1417 N. Market St.

19. (a) MAY 6 1940 (b) _____
(Date of death) (Signature)

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

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: *Homer L. Ponder*

Licensed Embalmer No. *3367*

P. O. Address *2223 St. Louis*

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.