DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27233

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 7129

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

1. PLACE OF DEATH:

(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: 1008 Victor St. (Rear) 2
(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

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. 1008 Victor St. (Rear)
(If rural, give location)

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

3. (a) PRINT FULL NAME KATE A. SCHMIDT 530

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Femle

5. Color or race White

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

6. (b) Name of husband or wife Ernst M.

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

7. Birth date of deceased May (Month) 23 (Day) 1857 (Year)

8. AGE: Years 83 Months 3 Days 0 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER

12. Name Philip Kull

13. Birthplace (City, town, or county) Switzerland (State or foreign country) 7

14. Maiden name Dont Know.

15. Birthplace Dont Know. (City, town, or county) (State or foreign country) 9

16. (a) Informant Ella Graham

(b) Address 1008 Victor St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 26, 1940 (Month) (Day) (Year)

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

18. (a) Signature of funeral director J. N. Hebken & K. Co.

(b) Address 2842 Meramec St.

19. (a) AUG 23 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23rd year 1940 hour 1 minute 40 A. M.

21. I hereby certify that I attended the deceased from February 1st, 1940, to August 23 1940 that I last saw her alive on August 23 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Bilateral Lobar Pneumonia — Duration 5 days

Due to: Chronic Asthmatic Bronchitis with Cardio-Vascular Disease — 2

~~Due to~~

Other conditions (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)

(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 Wm. F. Simon (M. D. ~~or coroner~~)

Address 1115 Victor Date signed 8.23.40

(Licensed Embalmer's Statement on Reverse Side) Tel. Fr. 0078

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 Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2842 Meramec St. St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.