S. No. 2
—11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

State File No. 240

Registration District No. 791

Primary Registration District No.

Registrar's No. 240

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: LUTHERN HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 DAYS (Specify whether
In this community 53 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town ST. LOUIS MO. 2017
(If outside city or town limits, write "RURAL")

(d) Street No. 4013a N. 22 ST.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME DELLA SCHMIDT

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife GEORGE SCHMIDT

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased SEPT. 12 1887
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
53	3	27	— hr. — min.

9. Birthplace ST. LOUIS 0 MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business

FATHER
12. Name CHARLES GROSCH
13. Birthplace QUINCY ILLS.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MINNIE MARSH
15. Birthplace ST. LOUIS 0 MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant GEORGE SCHMIDT
(b) Address 4013a N. 22 ST.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 11-1941
(Month) (Day) (Year)
(c) Place: burial or cremation ST. PETER'S CEM

18. (a) Signature of funeral director Suedmeyer & Sons
(b) Address 3934 N. 20th

19. (a) JAN 10 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 9.
year 1941 hour 8 minute 40 A.M.

21. I hereby certify that I attended the deceased from July 1940, to January, 1941;
that I last saw her alive on Jan 8, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	minutes
Due to: Chronic coronary artery disease + hypertension	years
Due to:	
Other conditions: Chronic nephritis (Include pregnancy within 3 months of death)	years

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 0

23. Signature Ramussbaum (M. D. or other)
Address 3651 Grandel Sq. Date signed 1-10-41

(Licensed Embalmer's Statement on Reverse Side)

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 Alfred F. Boedeke

Licensed Embalmer No. 2663

P. O. Address 4204 Prairie

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

If this body is not embalmed, above space should be left blank.