

S. No. 2
4-1-4-41
v. 5-17-39
X23390

DEPARTMENT OF COMMERCE
BUREAU OF INSURANCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30019**
Registrar's No. **7358**

FILED OCT 18 1941

Registration District No. **7911** Primary Registration District No. **1003**

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:
4401 Strodtman Pl.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1** (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4401 Strodtman Pl.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Ethel Schmidt**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Oct. 19 1912**
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
28 10 20 hr. min.

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

10. Usual occupation **None**

11. Industry or business _____

MOTHER FATHER { 12. Name **William R. Schmidt**
13. Birthplace **Ill.**
(City, town, or county) (State or foreign country)
14. Maiden name **Mossaline Graham**
15. Birthplace **Canada**
(City, town, or county) (State or foreign country)

16. (a) Informant **William R. Schmidt**
(b) Address **4401 Strodtman Pl.**
17. (a) **Burial** (b) Date thereof **9-13-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Friedens Cem.**

18. (a) Signature of funeral director **Drehmann-Harral**
(b) Address **1905 Union Blvd.**

19. (a) **11 1941** (b) **J. Budick**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **9**
year **1941** hour **11** minute **30 A.M.**
21. I hereby certify that I attended the deceased from **5-1-40**
19. to **9-9-41** 19.
that I last saw her alive on **9-9-41** 19.
and that death occurred on the date and hour stated above.

Immediate cause of death **Chy. interstitial Nephritis**
by arteriosclerosis
Due to **Result from - uremia in early childhood.** 1920
Due to _____

Other conditions (Include pregnancy within 3 months of death) **1/31**
Major findings: Of operations _____
Of autopsy _____

Duration **2 mths**
Eyes
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 **P. M. Crossman** (M. D. or other) **MD.**
Address **1406 Blvd. 44** Date signed **9-11-41**

4011
Blair Ave.
St. Louis 9 Mo

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 Warren A. Carver

Licensed Embalmer No. 3534

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, fact should be so stated above.