

FILED MAR 17 1942
Registration District No. 1791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 28yrs. 4mos. 4ds.
In this community 48yrs. 5mos. 18ds. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 13000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. Bethesda Home
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9
year 1942 hour 4:10 minute A.M.

21. I hereby certify that I attended the deceased from 7-1-40 19..... to 2-9-42 19.....
that I last saw her alive on 2-9-42 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Terminal Broncho pneumonia 3ds.

Due to Imbecility (7-1-40x)

Due to Organic Brain Disease (7-1-40x)

Other conditions Birth-injury ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy No. 107.070

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..... (c) Means of injury.....

23. Signature J. R. Ridelman (M.D. or other)
Address 3400 Arsenal St. Date signed 2/9/42

3. (a) PRINT FULL NAME MARGURITE SCHMIDT

3. (b) If veteran, name war no 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 August 23, 1893
(Month) (Day) (Year)

8. AGE: Years 48 Months 5 Days 4 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business.....

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Gross Edmund

(b) Address 2324 Benton St.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-10-42
(Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director J. F. Ridelman

(b) Address 2228 St. Louis Ave

19. (a) FFR (Date received local registrar) (b) J. F. Ridelman (Registrar's signature)

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

MOTHER FATHER

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

Charles Goodson

Licensed Embalmer No. *2777*

P. O. Address *Howe Ms*

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.