

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

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

**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: Jewish Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Day (Specify whether  
In this community Life years, months or days) (Specify whether

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County 17  
(c) City or town St. Louis 9 15  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4676 Alaska Ave. (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Alma Schmidt  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month May day 21<sup>st</sup>  
year 1942 hour 15 minute 45 A.M.  
21. I hereby certify that I attended the deceased from May 20  
1942 to May 21 1942  
that I last saw her alive on May 21  
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Frank C. Schmidt  
6. (c) Age of husband or wife if alive 49 years  
7. Birth date of deceased March 17 1900  
(Month) (Day) (Year)

Immediate cause of death Pneumonia Terminal  
Due to Aspiration?  
Duration 2 days

8. AGE: Years 42 Months 2 Days 4  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Hodgkin's Disease 14 yrs.  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy Abdominal Hodgkin's

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation At Home

11. Industry or business \_\_\_\_\_  
12. Name Charles Sackberger  
13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Augusta Becker  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Frank C. Schmidt  
(b) Address 4676 Alaska Ave

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof 5/25/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Park Lawn Cemetery  
18. (a) Signature of funeral director Thomas Melville Wood - her son  
(b) Address 3634 Gravois Ave.  
19. (a) MAY 22 1942 (b) L. F. Brueck  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of injury) (Specify type of injury)  
23. Signature Louis J. Cole (M. D. or other) H.D.  
Address 216 S. Kings Highway Date signed 5/21/42

**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 Wheeler*

Licensed Embalmer No.

*2178*

P. O. Address

*St Louis mo*

**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.**