

FILED OCT 8 1942

Registration District No. 310

Primary Registration District No. 205B

Registrar's No. 392

31202

92  
99

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

1. PLACE OF DEATH:

(a) County ST. CHARLES  
(b) City or town ST. CHARLES  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
625 S. MAIN ST  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. CHARLES  
(c) City or town ST. CHARLES  
(If outside city or town limits, write "RURAL")  
(d) Street No. 625 S. MAIN ST.  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME HELENA SCHMIEMEIER

3. (b) If veteran, name war..... 3. (c) Social Security No. NONE

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 MARCH 14 1896  
(Month) (Day) (Year)

8. AGE: Years 46 Months 6 Days 13 If less than one day hr. min.

9. Birthplace ST. CHARLES COUNTY MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business.....

MOTHER FATHER { 12. Name EDWARD SCHMIEMEIER  
13. Birthplace ST. CHARLES MO.  
(City, town, or county) (State or foreign country)  
14. Maiden name WILHELMINE BANZE  
15. Birthplace ST. CHARLES MO.  
(City, town, or county) (State or foreign country)

16. (a) Informant Emelia Schreimeier  
(b) Address ST. CHARLES, MO

17. (a) BURIAL (b) Date thereof SEPT. 30, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FRIEDENS CEMETERY

18. (a) Signature of funeral director Haeckmann-Baw

(b) Address 326 N. 6th St. St. Charles MO

19. (a) Sept. 29, 1942 (b) Clarence G. Cleslar  
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 27  
year 1942 hour 7 minute 50 A. M.

21. I hereby certify that I attended the deceased from.....  
....., 19....., to 9-7-42  
that I last saw her alive on 9-27-42  
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Uremia  
Due to Chronic Nephritis  
Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....

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?

While at work?..... (Specify type of place)  
(c) Means of injury.....

23. Signature R. J. Buntke (M. D. or other)  
Address 700 City St. St. Charles MO Date signed 9/29/42

Duration

2 weeks

2 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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..... *Arthur C. Paul*.....  
Licensed Embalmer No. *3144*.....  
P. O. Address..... *St. Charles, 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.**