

FILED NOV 23 1942

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9580**

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

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**

(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5009 Alexander
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
Life (Specify whether years, months or days)

In this community.....

3. (a) PRINT FULL NAME **Blanche 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 **Married**

6. (b) Name of husband or wife **Oscar Schmidt**

6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased **March 16 1882**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
60	8	0	hr. min.

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

10. Usual occupation **Home**

11. Industry or business **--**

12. Name **Frederick Kruse**

13. Birthplace **Germany**

14. Maiden name **Mathilda Rainhill**

15. Birthplace **Philadelphia, Maryland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Oscar Schmidt**

(b) Address **5009 Alexander**

17. (a) Cremation **11 19 42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Missouri Crematory**

18. (a) Signature of funeral director **Hacker-Walden Und. Co.**

(b) Address **3634 Gravois Avenue**

19. (a) NOV 17 1942 **(b) J. F. Bredbeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **17**

(c) City or town **St. Louis,** **6 15**
(If outside city or town limits, write "RURAL")

(d) Street No. **5009 Alexander**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **16**
year **1942** hour **12** minute **00 Noon**

21. I hereby certify that I attended the deceased from **10-21** 19**42** to **11-16** 19**42**
that I last saw him alive on **11-16** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebral hemorrhage of the**

Due to **hypertension** **under**

Due to **glaucoma, rt eye,** **under**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **83**
Of operations: **no**
Of autopsy: **yes**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **None**

(b) Date of occurrence **None**

(c) Where did injury occur? **None**

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
None

While at work? **None** (Specify type of place)

(e) Means of injury **None**

23. Signature **W. H. Bursch** (M. D. or other)
Address **4755 Compton** Date signed **11/17/42**

Duration

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..... *Robert Wheeler*

Licensed Embalmer No. *2128*

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.