

FILED NOV 23 1942
Registration District No. **818**

Primary Registration District No. **1003**

Registrar's No. **9429**

1. PLACE OF DEATH:
(a) County **St. Louis, Missouri**
(b) City or town **St. Louis, Missouri**
(c) Name of hospital or institution: **4814 Milentz /**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Unknown** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis,** (If outside city or town limits, write "RURAL") **12**
(d) Street No. **4814 Milentz** (If rural, give location) **29**
(e) Citizen of foreign country? **--** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Sophia W. Schmiemeier**
3. (b) If veteran, name war **--** **3. (c) Social Security No.** **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **November** day **9**
year **1942** hour **7** minute **00 AM**

4. Sex **Female** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Widowed**
6. (b) Name of husband or wife **John A. Schmiemeier** **6. (c) Age of husband or wife if alive** **--** years
7. Birth date of deceased **August** (Month) **5** (Day) **1862** (Year)

21. I hereby certify that I attended the deceased from **Oct 6** 19**42** to **Nov 9** 19**42**
that I last saw him **er** alive on **Nov 8** 19**42**
and that death occurred on the date and hour stated above.

8. AGE: Years **80** Months **3** Days **4** If less than one day **hr.** **min.**

Immediate cause of death **Cerebral Hemorrhage** **4 wks**
Due to **Arterio Sclerosis** ?
Due to **Arterio Sclerosis** ?
Other conditions **Shronic Myocarditis** ?
(Include pregnancy within 3 months of death)

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

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business
12. Name **Fred Hoelscher**
13. Birthplace **Germany** (City, town, or county) (State or foreign country)
14. Maiden name **Willemenia Holtgrewe**
15. Birthplace **Germany** (City, town, or county) (State or foreign country)

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?

16. (a) Informant **H. A. Schmiemeier**
(b) Address **4814 Milentz**
17. (a) ~~Funeral~~ (b) Date thereof..... (Month) (Day) (Year)
(c) Place: burial or cremation **Frieden's Cemetery**
18. (a) Signature of funeral director **Wacker - Fuldke and Co.**
(b) Address **3634 Gravois Avenue**
19. (a) NOV 12 1942 (b) **J F Bredeck** (Registrar's signature)
(Date received local registrar)

While at work? (Specify type of place) (a) Means of injury.....
23. Signature **H A Schmiemeier** (M. D. or other)
Address **12811 9 Gravois** Date signed **11/10/42**

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..... *Robert Wheeler*

Licensed Embalmer No..... *2128*

P. O. Address..... *Providence, Ma*

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.