

FILED NOV 16 1942 818

Registration District No.

Primary Registration District No.

9326

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: St. Luke's  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
(Specify whether  
In this community 5 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair  
(c) City or town East St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 720 N. 32  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) 2  
If yes, name country

3. (a) PRINT FULL NAME

Bonnie Schmitz

3. (b) If veteran,

name war none

3. (c) Social Security

No. None

4. Sex Female / 5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife

Alfred Schmitz

6. (c) Age of husband or wife if

alive 39 years

7. Birth date of deceased

Sept. 26, 1903  
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

39

1

11

hr. min.

9. Birthplace

Lutesville

Mo

(City, town, or county)

(State or foreign country)

10. Usual occupation

At Home

11. Industry or business

MOTHER FATHER

12. Name

Max Schneider

13. Birthplace

Lexington

Ky.

(City, town, or county)

(State or foreign country)

14. Maiden name

Ida Robbins

15. Birthplace

Lutesville

Mo

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

East St. Louis Ill

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

Nov. 10, 1942  
(Month) (Day) (Year)

(c) Place: burial or cremation

East St. Louis Ill

18. (a) Signature of funeral director

Chas. Burk

(b) Address

East St. Louis, Ill

19. (a) NOV 9 1942

(Date entered local registrar)

J. F. Bulech  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 ~~12~~ 7  
year 1942 hour 7 minute 50 P. M.

21. I hereby certify that I attended the deceased from 11-3-42  
..... 19..... to 11-7-42 19.....  
and that death occurred on the date and hour stated above.

that I last saw her alive on 11-7-42 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death

Summer of Beans  
Malignant

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations same

Of autopsy same

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?

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

23. Signature J. F. Bulech (M. D. or other)  
Address 4952 Mayfield Date signed 11-8-42

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

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**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.....

*Chas. M. Purse*

Licensed Embalmer No.....2421.....

P. O. Address East St. Louis Ill......

**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.**