

Filed **DEC 29 1942**

1003

Registration District No.

Primary Registration District No.

Registrar's No. **10501**

1. PLACE OF DEATH:
(a) County.....
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4545 Pope Avenue /
(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: **000**
(a) State **Missouri** (b) County **17**
(c) City or town **St. Louis** **79**
(If outside city or town limits, write "RURAL")
(d) Street No. **4545 Pope Avenue**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME **Lillie Schmidt**
(b) If veteran, name war..... (c) Social Security No.....

4. Sex **Female** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Widowed**
(b) Name of husband or wife **Charles L. Schmidt** 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **June 5 1871**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 6 11 hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business.....

MOTHER FATHER

12. Name **Thomas Dowell**
13. Birthplace **England**
(City, town, or county) (State or foreign country)
14. Maiden name **Sophia Harkness**
15. Birthplace **Scotland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Louis Becker**
(b) Address **4545 Pope Ave**

17. (a) **Burial** (b) Date thereof **12/18/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peters Cem.**

18. (a) Signature of funeral director **Kraeger-Voss-Fix**
(b) Address **3402 No. Kingshighway**

19. (a) **DEC 10 1942** (b) **J. F. Brebeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **16th**
year **1942** hour **11** minute **15 P.M.**
21. I hereby certify that I attended the deceased from **Aug 20** to **Dec 15** 19**42**
that I last saw him alive on **15th** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **(Chronic) Myocarditis** Duration
Due to **Arteriosclerosis**
Due to **Chronic Nephritis** **131**
Other conditions.....
(Include pregnancy within 3 months of death)

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

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) (e) Means of injury.....
23. Signature **J. F. Brebeck** (M. D. or other) **12/18/42**
Address **2901 W. Newstead** Date signed

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

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.....

J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....
City

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.