

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No. **1003**

Registrar's No. **3968**

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County.....
(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 4128 ROSA AVE
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Dolores M. Schmitt

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 DECEMBER 6-1927
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
15 4 20 hr. min.

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

10. Usual occupation Scholl Girl

11. Industry or business.....

MOTHER FATHER
12. Name Valentine Schmitt
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Elsie Krause
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Valentine Schmitt

(b) Address 4128 Rosa Ave

17. (a) Burial (b) Date thereof 4-29-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter and Paul's

18. (a) Signature of funeral director Petz Brothers

(b) Address 3029 Lafayette Ave

19. (a) APP 20 1943 J. F. Bredeck
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 26
year 1943 hour 6 minute 55 P.M.

21. I hereby certify that I attended the deceased from you
23, 1943 to Apr 26, 1943
that I last saw her alive on April 26, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to.....

Due to.....

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

Major findings:
Of operations Same

Of autopsy Same

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 time of day) (c) Means of injury.....

23. Signature J. M. [Signature] (M. D. or other) M.D.
Address 4952 Maryland Date signed 4/28/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

FILED MAY 7 1943
MAY 1 1943 18

09/17

29

(Yes or No) 0

Apr 26 1943 6:55 P.M.

you 23 1943 Apr 26 1943

Tumor of Brain Malignant

5H

Same

Same

J. M. [Signature] M.D. 4952 Maryland 4/28/43 St. Louis, Mo.

Dr. Klemme
4952 Maryland Ave
Fo 0673

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..... *Frank J. Dumas*

Licensed Embalmer No..... *2245*

P. O. Address..... *Strommo*

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.