

630
S. No. 2
M-2-43
5-17-39
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 25 1943 3.18

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20094
State File No. 5563

Registration District No. Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:
(a) County
(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:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 21 Days
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State. Missouri (b) County.....
(c) City or town. St. Louis Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 5558 St. Edwards 00
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0 17 9

3. (a) PRINT FULL NAME Olivia (Ollie) Todd Nov Schmitt
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color of race White 6. (a) Single, widowed, divorced, Widowed
6. (b) Name of husband or wife. Unknown 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased. Nov 21st 1878
(Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 28 If less than one day by..... min.

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

10. Usual occupation. Housewife

11. Industry or business
12. Name Mercidi Schmitt
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown 9
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace Hubenthal
(b) Address 5558 St. Edwards

17. (a) Burial (b) Date thereof 6/19/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Monica Cemetery

18. (a) Signature of funeral director. John J.A Barrett
(b) Address 2819 Union Ave

19. (a) JUN 18 1943 (Date received local registrar) J. F. Brudick (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 17,
year 1943 hour 6:00 minute..... A. M.
21. I hereby certify that I attended the deceased from May 28, 1943 to June 17, 1943
that I last saw him alive on June 17, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Peripheral Circulatory collapse
Due to Secondary to operation
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: Massive Carcinoma - Toxic of peritoneal cavity
Of operations.....
Of autopsy Carcinoma of young Primary site - young

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 Geo. J. Ouel (M, D, or other) 6/17/43
Address 1515 Lafayette Avenue Date signed.....

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

50
17
9

MOTHER FATHER

Duration

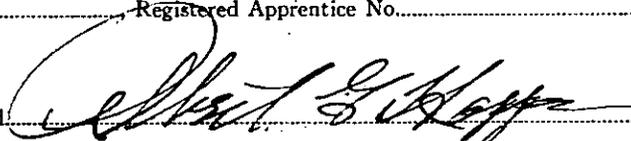
PHYSICIAN

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..... 

Licensed Embalmer No. 2471

P. O. Address.....

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.