

Registration District No. **319** Primary Registration District No. **6079**

1. PLACE OF DEATH:

(a) County **ST. GENEVIEVE**
(b) City or town **RURAL ST. GENEVIEVE TWP**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **/**
(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 **St. Genevieve**
(c) City or town **Rural St. Genevieve Township**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rural St. Genevieve**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **A**

3. (a) PRINT FULL NAME **ANNA MARIE SCHMELZLE**

3. (b) If veteran, name war..... (c) Social Security No.....

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 **AUG 9 1943**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 2 hr. min.

9. Birthplace **ST. GENEVIEVE MO**
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name **JOSEPH SCHMELZLE**

13. Birthplace **ST. GENEVIEVE MO**
(City, town, or county) (State or foreign country)

14. Maiden name **ROSE ANNA KIRCHNER**

15. Birthplace **BLOOMSDALE MO**
(City, town, or county) (State or foreign country)

16. (a) Informant **Joseph Schmeltzle**

(b) Address **St. Genevieve Mo**

17. (a) **Burial** (b) Date thereof **8-11-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Genevieve Mo**

18. (a) Signature of funeral director: **Geo C. Basher**

(b) Address **St. Genevieve Mo**

19. (a) **Aug 12/43** (b) **T.W Douglas**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **AUG** day **11** year **1943** hour **10** minute **45 A.M.**

21. I hereby certify that I attended the deceased from **Aug 9** **1943**, to **Aug 11** **1943** that I last saw her alive on **Aug 10** **1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Respiratory Cardiac Failure Due to Congenital Malformation of Heart & Chest Wall**

Due to **to Congenital Malformation of Heart & Chest Wall**

Due to **to Congenital Malformation of Heart & Chest Wall**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 **Geo C. Basher** (M. D. or other) **8-11-43**

Address **St. Genevieve Mo** Date signed **8-11-43**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

95
0
0

RECEIVED

District Health Officer No. 4

District File Number 943-2698

Date Filed 9-8-43

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.....

Not Embalmed

....., Registered Apprentice No.

working under my personal supervision.

Signed..... *Lee C. Basher*

Licensed Embalmer No. 1985

P. O. Address *St. Germaine, Mo.*

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.