

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8594**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ENROUTE TO CITY HOSPITAL
(If not in hospital or institution, write street number or location) **3**
(d) Length of stay: In hospital or institution _____ (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
(If outside city or town limits, write "RURAL")
(d) Street No. 926 A Lami St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME PEARL SCHMIDT

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank Schmidt 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased July 26 1906
(Month) (Day) (Year)

8. AGE: Years 37 Months 2 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business Housewife

12. Name Edward Ray

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

14. Maiden name Betty Tracey

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

16. (a) Informant Frank Schmidt

(b) Address 926 A Lami St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 30/43
(Month) (Day) (Year)

(c) Place: burial or cremation SUNSET BURIAL PARK

18. (a) Signature of funeral director Storck & Sons

(b) Address 2906 Gravois Ave.

19. (a) SEP 29 1943 (Date received local registrar) (b) J. F. Brudick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27
year 1943 hour 8 00 PM 45 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage following Abortion
Spontaneous Abortion

Due to _____

Due to _____

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)

Means of injury _____

23. Signature W. J. Perry (M. D. or other) _____

Address St. Louis Date signed 9/28/43

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

MOTHER FATHER

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed *David Van Fossan*

Licensed Embalmer No. *4242*

P. O. Address *2906 Garvin*

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.