S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39191

FILED JAN 15 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11326

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: 3622 PARIS AVE (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 (Specify whether years, months or days)

In this community: 55 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: 17

(c) City or town: ST LOUIS (If outside city or town limits, write "RURAL") 10

(d) Street No.: 3622 PARIS AV. (If rural, give location)

(e) Citizen of foreign country? (Yes or No): N

If yes, name country:

3. (a) PRINT FULL NAME: LOUISE BRICKEN

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: WIDOWED

6. (b) Name of husband or wife: EDWARD O.

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: OCT (Month) 10 (Day) 1867 (Year)

8. AGE: Years 77 Months ~~10~~ Days 10 If less than one day: hr. min.

9. Birthplace: BELLEVILLE (City, town, or county) ILL (State or foreign country)

10. Usual occupation: HOUSEWIFE

11. Industry or business: HOME

FATHER
12. Name: JACOB SCHMIDT
13. Birthplace: GERMANY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: ELIZEBETH
15. Birthplace: GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant: EDWARD WHETSEL
(b) Address: 1901 E. PRAIRIE AV.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof: 12-30-1944 (Month) (Day) (Year)
(c) Place: burial or cremation: EVERGREEN CEM. CHESTER ILL.

18. (a) Signature of funeral director: WELGE BROS FUNERAL
(b) Address: HOME CHESTER ILL.

19. (a) JAN 3 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 30 year 1944 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from Dec 5, 1944 to 12/30, 1944 that I last saw he alive on 12/30, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Edema of lungs
due to: Chr myocarditis
Due to: Multiple Fibromatosis
Due to: Intestinal

Duration

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? (Specify type of place)

While at work?

(e) Means of injury:

23. Signature: Samuel Wolff M.D. (M. D. or other)

Address: 2906 Union Date signed: 12/30/44

(Licensed Embalmer's Statement on Reverse Side)

11325

11325

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 John Hetter

Licensed Embalmer No. 3880

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.