

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

#34014

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **39782**

FILED DEC 27 1944

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **1070A**

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—Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 mos-28 days
(Specify whether)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mad
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3633 Dodier St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Queenie Schmidt

3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife George Schmidt
 6. (c) Age of husband or wife if alive 56 years
 7. Birth date of deceased Feb. 13 1893
(Month) (Day) (Year)

8. AGE: Years 51 Months 10 Days 0
 If less than one day hr. _____ min _____

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

10. Usual occupation at Home

11. Industry or business _____

MOTHER FATHER } 12. Name Frank Godfrey
 13. Birthplace England
(City, town, or county) (State or foreign country)
 14. Maiden name Don't know
 15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant George Schmidt
 (b) Address 3633 Dodier St.

17. (a) Burial (b) Date thereof 12-16-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park Cem.

18. (a) Signature of funeral director Cullinane Bros.
 (b) Address 1710 N. Grand Blvd.

19. (a) DEC 13 1944 (b) J. J. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13th
 year 1944 hour 12:20 minute _____ P. _____ M. _____
 21. I hereby certify that I attended the deceased from 9/16/44
 _____, 19____, to Dec. 13th, 1944;
 that I last saw h. er alive on Dec. 13th, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death 2 hemorrhages from
arteriole due to hypertension
 Duration _____

Due to _____
 Due to _____
 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?

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature Hubert C. Fritz 1515 Lafayette 12/13/44
(Date signed)

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 *Fred. Frick*.....

Licensed Embalmer No..... 3186.....

P. O. Address St. Louis, 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.