S. No. 2
DM—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

FILED JUN 4 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15561

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4664

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: MISSOURI PACIFIC HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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. 3907 FAIRVIEW AV. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LAURA SCHMIDT

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife HENRY SCHMIDT

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

7. Birth date of deceased AUGUST (Month) 27 (Day) 1881 (Year)

8. AGE: Years 63 Months 8 Days 28 If less than one day hr. min.

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

10. Usual occupation HOUSEKEEPER

11. Industry or business OWN

FATHER
12. Name FREDRICK J. BUSCH
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ELIZABETH FRY
15. Birthplace SWITZELAND (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Edna Ford
(b) Address 3907 Fairview

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 28 1945 (Month) (Day) (Year)
(c) Place: burial or cremation NEW ST. MARYS CEM

18. (a) Signature of funeral director E. J. Schmitt
(b) Address 3125 Lafayette Av.

19. (a) MAY 26 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1945 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb 1, 1938, to May 25, 1945 that I last saw her alive on May 24, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Valuular Heart Disease	7 yrs.
Due to	
Due to	
Other conditions: Pernicious Anemia (Include pregnancy within 3 months of death)	5 yrs

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 Leon C. Hale (M. D. or other) M.D.
Address 1504 So. Grand Blvd Date signed 5/25/45

(Licensed Embalmer's Statement on Reverse Side)

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 Jos B Vollmer

Licensed Embalmer No. 4014

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.