

No. 2  
M-5-43  
7. 5-17-39  
I X36671

**FILED DEC 23 1946 318**  
Registration District No. ....

Primary Registration District No. ....

**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:  
**Deaconess Hospital** **0**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... **One hour**  
(Specify whether

In this community.....  
years, months or days)

**3. (a) PRINT FULL NAME** **Mary E. Schmitz**

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

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

**6. (b) Name of husband or wife** **John P. Schmitz** **6. (c) Age of husband or wife if alive**..... years

**7. Birth date of deceased** **February 17 1854**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
92	9	29	.....hr. ....min.

**9. Birthplace**..... **Germany**  
(City, town, or county) (State or foreign country)

**10. Usual occupation**..... **Nil**

**11. Industry or business**.....

**MOTHER FATHER**

**12. Name**..... **Karch**

**13. Birthplace**..... **Germany**  
(City, town, or county) (State or foreign country)

**14. Maiden name**..... **Strebling**

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

**16. (a) Informant**..... **Jalen Schmitz**  
**(b) Address**..... **429 Miriam Ave Kirkwood Mo**

**17. (a) Burial** **(b) Date thereof**..... **12/19/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation**..... **St. Peters Cemetery**

**18. (a) Signature of funeral director**.....  
**(b) Address**..... **Meyer-Pfizinger Funeral Home**

**19. (c) DEC 18 1946** **Kirkwood Rd.** **Kirkwood 22 Mo.**  
(Date received local registrar) (City or town) (County) (State)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State. **Missouri** (b) County. **St. Louis** **96**

(c) City or town **Kirkwood 22** **4**  
(If outside city or town limits, write "RURAL") **NR, 3**

(d) Street No. **429 Miriam Ave**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No) **1**  
 If yes, name country.....

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **December** day **16**  
 year **1946** hour **10:30** minute **A** M.

**21. I hereby certify that I attended the deceased from** **Jan** 19**46** to **Dec 16** 19**46**  
 that I last saw her alive on **Dec 16** 19**46**  
 and that death occurred on the date and hour stated above.

Immediate cause of death..... **Basal Skull Fracture** **Tham**

Due to..... **Fall down stairs at home**

Due to..... **12/16/46**

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings..... **1/11**  
 Of operations.....

Of autopsy.....

If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)..... **Accident 12.5**  
 (b) Date of occurrence..... **12/16/46**  
 (c) Where did injury occur?..... **Kirkwood, St. Louis Mo**  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Home**

While at work?..... **0**  
(Specify type of place) (e) Means of injury **Fall down stairs**

**23. Signature**..... **Quentin M. Jones** (M. D. or other)  
**Address**..... **508 N. Kirkwood Rd** **Date signed**..... **12/17/46**

(Licensed Embalmer's Statement on Reverse Side) **Kirkwood 22, Mo.**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
41742

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**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 M. Meyer*.....  
Licensed Embalmer No..... *2788*.....  
P. O. Address..... *Kirkwood 229*.....

**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.**