

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

State File No. _____

FILED JAN 20 1947
Registration District No. 307

Primary Registration District No. 6046

Registrar's No. 11

1. PLACE OF DEATH:

(a) County ST. CHARLES

(b) City or town RURAL O'FALLON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME AMELIA M. STAHL SCHMIDT

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife LEO STAHL SCHMIDT 6. (c) Age of husband or wife if DEC 10 years

7. Birth date of deceased JAN 13 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

65 10 27 _____ hr. _____ min.

9. Birthplace LINCOLN CO. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business _____

MOTHER FATHER {

12. Name JOHN GERBNER

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

14. Maiden name OSEVEIN

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

16. (a) Informant JEAN PIEPER

(b) Address O'FALLON MO

17. (a) BURIAL (b) Date thereof 12-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST PAUL MO

18. (a) Signature of funeral director Garrett

(b) Address O'FALLON MO

19. (a) 12/11/46 (b) Jennie Giesmann
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. CHARLES

(c) City or town O'FALLON RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 10
year 1946 hour 8 minute 9 M.

21. I hereby certify that I attended the deceased from April
5, 1946 to Dec 10, 1946
that I last saw her alive on Dec 9, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____

General Canceration
Primary carcinoma
of the breast

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)

(e) Means of injury 6

23. Signature A J Gettinger (M. D. or other) _____
Address 2745 N Grand St. Louis Date signed 12/10/46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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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.....

E. Keithly

Licensed Embalmer No. *822*

P. O. Address *Fallon 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: