

No. 2-45
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15616
Registrar's No. 4347

Registration District No. _____ Primary Registration District No. 1003

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

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: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 yrs. 4 ds.
In this community 62 yrs.
years, months or days (Specify whether)

3. (a) PRINT FULL NAME DAISY SCHMEDEKE
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 Married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 1 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 3 25 hr. _____ min.

9. Birthplace Maries Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Frank Hutchinson
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Foster
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ella Londsdon
(b) Address XXXXXX St. 1053 Baden

17. (a) Burial (b) Date thereof 4/29/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester

19. (a) APR 29 1947 (b) J. F. Bruck
(Date received local registrar) (Registrar's signature)

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. 5400 Arsenal
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 26
year 1947 hour 10.40 minute A. M.
21. I hereby certify that I attended the deceased from March 1st, 1946, to April 26, 1947;
that I last saw her alive on April 26, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Coronary Heart Disease 3/1/46x
Due to Cerebral Thromboses, multiple, old.
Due to 3/1/46x.

Other conditions: _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

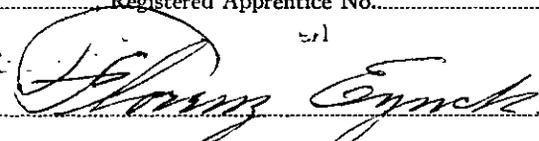
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While a work? _____ (Specify type of place)
(b) Means of injury U
23. Signature Jack R. Edelmann (M. D. or other) _____
Address 5400 Arsenal St. Date signed 4/26/47

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..... 

Licensed Embalmer No. 1284

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.