S. No. 2
M—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 NOV 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36227
Registrar's No. 10172

Registration District No. 318 Primary Registration District No. 1003

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: 4001 Winnebago
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-00
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4001 Winnebago 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Louise Schmelzle
3. (b) If veteran, name war -----
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
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased May 27th, 1875 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	5	6	hr. min.

9. Birthplace Labadie (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name William Kierspe
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name Louise Paffrath
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant George Schmelzel
(b) Address 4001 Winnebago, St. Louis, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/6/47 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Wacker-Helderle U. & L. C.
(b) Address 3634 Gravois, St. Louis, Mo.
19. (a) NOV 4 1947 (Date received local registrar) J. F. Bruback (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3rd year 1947 hour 6 minute 00 A. M.
21. I hereby certify that I attended the deceased from Sept 10 1947, to Nov 3, 1947, that I last saw her alive on Oct 28, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Papillary Carcinoma left kidney & bladder	end finite
Due to Primary site-Kidney	
Due to Hemiplegia	Feb 7/47
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy none	

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 0
23. Signature Harry H Meyer (M. D. or other)
Address 4903 Delmar Date signed 11-4/47

(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.....

Licensed Embalmer No. 2675

P. O. Address St Louisville

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.