. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2350
Registrar's No. 338

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: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Weeks (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. 3123 S. 7th Street
(If rural, give location)
(e) Citizen of foreign country? ---- (Yes or No)
If yes, name country ----

3. (a) PRINT FULL NAME SUSIE CARL
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 Widowed
6. (b) Name of husband or wife Casper
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 1, 1861 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
86	7	9	hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At Home
FATHER 12. Name G. Schmitter
13. Birthplace Switzerland (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name R. Fournier
15. Birthplace Switzerland (City, town, or county) (State or foreign country)
16. (a) Informant Elsa Miller
(b) Address 3123 S. 7th Street
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Jan. 13, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory
18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
(b) Address 7814 S. Broadway, St. Louis, Missouri
19. (a) JAN 12 1948 (Date received local registrar) (b) J. F. Bruecke (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 10 year 1948 hour 1 minute 45 P.M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw b..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.
Immediate cause of death Fractured Hip Contributing causes Deceased when last seen appeared well & left to the bath room. The body was the floor of her home at 3123 S. 7th St. Dec. 28, 1947 at about 3:00 P.M.
Duration
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause of which death should be charged statistically.
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? Accident
(b) Date of occurrence Dec 28 1947
(c) Where did injury occur? Home Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury Fall
23. Signature Patrick E. Taylor Dep. Cor. (M.D. or other)
Address 1300 Clark Date signed 1-14-48

Jefferson City Printing Co. (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 Lewis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.