No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

3050

FILED JAN 30 1948

Registration District No. 318

Primary Registration District No. 1003

State File No. 707

Registrar's No.

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

1. PLACE OF DEATH:

(a) County

(b) City or town SAINT LOUIS, MISSOURI
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DE PAUL HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 DAYS (Specify whether years, months or days)

In this community LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town SAINT LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 4105a N. TAAYLOR AVENUE
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ELIZABETH SCHMIDT

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 LATE CHARLES F. SCHMIDT

6. (c) Age of husband or wife if alive years

7. Birth date of deceased SEPTEMBER 24th, 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82	3	28	hr. min.

9. Birthplace SAINT LOUIS, MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business

FATHER
12. Name KAMPETER
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant MR. A. J. WARMAN
(b) Address 4105a N. TAYLOR AVENUE

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof 1/26/48
(Month) (Day) (Year)
(c) Place: burial or cremation OAK GROVE CREMATORY

18. (a) Signature of funeral director CALVIN F. FEUTZ
(b) Address 4828 NATURAL BRIDGE BOULEVARD

19. (a) JAN 23 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 22nd
year 1948 hour 8 minute 15 P M.

21. I hereby certify that I attended the deceased from 1943, 19, to Jan 22, 1948; that I last saw her alive on Jan 22, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	5 days
Due to: Arteriosclerotic Heart Disease	
Due to	
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 (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

23. Signature Chas Jost (M. D. or other) MD

Address 3500 N. Grand Date signed 1-23-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DR. CHARLES A. JOST
3600 N. GRAND BLVD.
2 to 8 P. M.

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 A. Mlenar

Licensed Embalmer No. 4186

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.