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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 11 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 6999

Registrar's No. 2176

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

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

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community 59 yrs.

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. 5336a Greer (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ANNA SCHMITT

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive none years

7. Birth date of deceased November (Month) 2 (Day) 1888 (Year)

8. AGE: Years 59 Months 3 Days 29 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER

12. Name Unknown Fanslow

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

14. Maiden name Unknown

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

16. (a) Informant Peter Schmitt

(b) Address Box 398 R.R.1 Florrissant, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 3/48 (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Suedmeyer & Sons

(b) Address 3934 N. 20th St.

19. (a) MAR 2 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st year 1948 hour 5 minute 50 P.M.

21. I hereby certify that I attended the deceased from 2/28/48, 19..., to March 1st, 1948 that I last saw her alive on March 1st, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary edema	3 wk
Due to Congestive Heart failure	
Due to Coronary artery arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature John W. Murphy Jr. M.D. (M.D. or other)

Address 1515 Lafayette Date signed 3/1/48

(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 Neville B. Frohwetter

Licensed Embalmer No. 3696

P. O. Address 3434 N 20th St.

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.