S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18225

FILED JUN 15 1948

Registration District No. 377

Primary Registration District No. 3069

Registrar's No. 1324

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution St. Mary's Hospital. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 weeks (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9

(d) Street No. 1319 Shawmut Place. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mabel Louella Schmidt.

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married. 1

6. (b) Name of husband or wife Elmer Schmidt.

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased January 21, 1901.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
47	4	0	hr. min.

9. Birthplace Louisville, Illinois. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Isaac W. Landreth.
13. Birthplace Edgewood, Illinois. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Pridmore.
15. Birthplace Madison, Illinois. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Elmer Schmidt.

(b) Address 1319 Shawmut Place.

17. (a) Burial (b) Date thereof 5-24-1948.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) 5-24-48 (b) [signature] M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21st.
year 1948 hour 8 minute 21 P.M.

21. I hereby certify that I attended the deceased from Feb 16, 1948
19 to May 21 1948
that I last saw her alive on May 21 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Malignant Tumor of Abdomen. — Duration Nov 1947

Due to Cancer.

Due to 55

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Malignant Tumor
Of operations Retroperitoneal upper left quadrant of abdomen

Of autopsy No

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 Leo P. Fitzgerald M.D. (or other)

Address 6677 Delmar Date signed May 22 1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Leo F. FitzGerald.
6677 Delmar Boulevard.
11A.M. to 1 P.M.
Delmar 2677

NOV 5 1948

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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St Louis

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.