

No. 10-47
5-17-39
I 3908

FILED JUL 28 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6423

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: Jewish Hosp. 1)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community 5 1/2 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME FANNY SCHMIDT
3. (b) If veteran, name war _____ 3. (c) Social Security No. No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Max 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 6 1871
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 12 If less than one day hr. _____ min. _____

9. Birthplace Burgkundstadt Germany
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business Jonas Loebentern

12. Name _____ 13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Frieda Friedericke

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

16. (a) Informant Mrs. E. Treumann
(b) Address 308 Laurel

17. (a) Burial (b) Date thereof 7/20/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson

19. (a) JUL 20 1948 (b) Registrar's signature J. F. Br...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 308 Laurel
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1948 hour 5 minute 30 a.m.

21. I hereby certify that I attended the deceased from July 6 to July 18 1948.
that I last saw her alive on July 17 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplectic Stroke
Brain hemorrhage
essential hypertension
Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature Ruf. W... (M. D. or other) _____
Address 462 N. Taylor Date signed 7/19/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

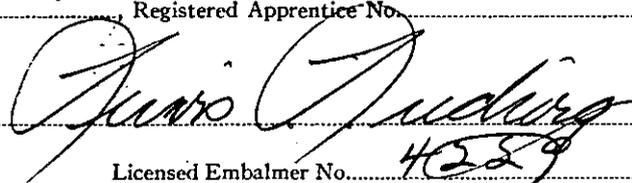
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. 40229

P. O. Address.....

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.