No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 24 1948

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30762

Registration District No. 306 | Primary Registration District No. 6048 | Registrar's No. 315

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

1. PLACE OF DEATH:

(a) County: St. Charles

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

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

(d) Length of stay: In ~~hospital~~ or institution 47 years (Specify whether years, months or days)

In this community 47 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Charles

(c) City or town: O'Fallon
(If outside city or town limits, write "RURAL")

(d) Street No.: St. Mary's Institute
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Sister M. Caelestia Schmitz

3. (b) If veteran, name war: NIL

3. (c) Social Security No.: NIL

4. Sex: Female

5. Color or race: white

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: March (Month) 25 (Day) 1871 (Year)

8. AGE: Years 77 | Months 5 | Days 18 | If less than one day: hr. min.

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

10. Usual occupation: Sewing

11. Industry or business:

FATHER
12. Name: Johann Schmitz
13. Birthplace: Niederbreitbach (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name: Andries, Elizabeth
15. Birthplace: Rossbach (City, town, or county) Germany (State or foreign country)

16. (a) Informant: Sister M. Dominica, C.PP.S.

(b) Address: St. Mary's Institute

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 15, 1948 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~: O'Fallon, Missouri

18. (a) Signature of funeral director: H. C. Dallmeyer & Sons

(b) Address: 800 N. 2nd St. Charles, Mo.

19. (a) Sept 16-48 (Date received local registrar) Ea. Keithly (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13 year 1948 hour minute M.

21. I hereby certify that I attended the deceased from Jan 19 47 to Sept 12 19 48 that I last saw her alive on Sept 11 19 48 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: chronic myocarditis and	10 yrs
bronchopneumonia	24 hrs
Due to: generalized arteriosclerosis	15 yrs.
Due to:	
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: Lawrence D. Behan (M. D. or other) M.D.

Address: O'Fallon Mo Date signed 9-15-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 3,
District File Number
Date Filed SEP 23 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 Joseph I Landolt

Licensed Embalmer No. 4189

P. O. Address St Charles

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.