No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 18 1948 318

Registration District No.

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 34662

Registrar's No. 8658

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

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:
City Hospital #1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 00 17

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

(d) Street No. 3462 Tennessee 0
(If rural, give location)

(e) Citizen of foreign country? 16 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lilly Schmidt

3. (b) If veteran, name war

3. (c) Social Security No. 500-18-6835

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Rude

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

7. Birth date of deceased Oct. (Month) 21 (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	11	11	hr. min.

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

10. Usual occupation Nil.

11. Industry or business

FATHER
12. Name Henry Steubing
13. Birthplace (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name Mary Ruby
15. Birthplace (City, town, or county) Kentucky 1 (State or foreign country)

16. (a) Informant Mrs. Lillian Lake

(b) Address Indianapolis Ind.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 10-6-48 (Month) (Day) (Year)

(c) Place: burial or cremation Mo. Crematory

18. (a) Signature of funeral director JOS. P. FENDLER, JR. FUNERAL HOME

(b) Address 7128 Michigan Ave.

19. (a) OCT 5 1948 (Date received local registrar) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2
year 1948 hour 3 minute 05 P.M.

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

Immediate cause of death Pulmonary Embolism Fractured Rt. Hip suffered when deceased fell in the street at 6th St & Lucas Ave on Sept 27 1948

Due to exact time unknown

Due to

Other conditions 186
(Include pregnancy within 3 months of death)

Major findings:
Of operations 39

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) Accident

(b) Date of occurrence Sept 27 1948

(c) Where did injury occur? St. Louis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Public Place (Specify type of place)

While at work? no (e) Means of injury see above

23. Signature Thomas F Callan (M.D. or other) 2

Address Coroner Date signed Oct 5-48

(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 Clarence Hoehow

Licensed Embalmer No. 3093

P. O. Address 7178 Michigan

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.