

FILED OCT 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003 State File No. 32161
8371

318

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis,				c. CITY (If outside corporate limits, write RURAL and give township) St. Louis,					
d. FULL NAME OF HOSPITAL OR INSTITUTION 3831 California Ave., 1				d. STREET ADDRESS (If rural, give location) 27 3831 California Ave., 10					
3. NAME OF DECEASED (Type or Print) Clara			a. (First)		b. (Middle)		c. (Last) Schmidt,		
4. DATE OF DEATH September 26, 1949		5. SEX Female,		6. COLOR OR RACE White,		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed,		8. DATE OF BIRTH March 7, 1876.	
9. AGE (In years last birthday) 73		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home,		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Rumania, 10		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Frank Grawitsch,			13b. MOTHER'S MAIDEN NAME Rosa Gerhard,			14. NAME OF HUSBAND OR WIFE Peter Schmidt, (deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Joseph A. Zimmermann, 6081 Wanda Ave.,					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Chronica Nephritis Chronica DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None						INTERVAL BETWEEN ONSET AND DEATH 1 1/2 year. 1 1/2 year	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP)		21d. (COUNTY)		21e. (STATE) 121	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 59.2X					
22. I hereby certify that I attended the deceased from July 5, 1948, to Sept. 25, 1949, that I last saw the deceased alive on Sept 25, 1949, and that death occurred at 4a m., from the causes and on the date stated above.									
23a. SIGNATURE V. Chas. Rother (D) M.D.				23b. ADDRESS 2603 Cherokee St.				23c. DATE SIGNED Sept 27. 49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial,		24b. DATE 9/29/49		24c. NAME OF CEMETERY OR CREMATORY St. Paul Churchyard,		24d. LOCATION (City, town, or county) (State) 7600 Rockhill Rd., Affton, Mo.			
DATE REC'D BY LOCAL SEP 29 1949		REGISTRAR'S SIGNATURE J. Blasater			25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary, 2842 Meramec St.,				

WRITE PLAINLY—USING 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 MBB

Student Embalmer No.

working under my personal supervision.

Signed.....

Licensed Embalmer No. 4249

Signed.....
Student Embalmer

P. O. Address 2842 Meramec St.,
St. Louis, 18, Mo.

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.