

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 19 1949

318

1003

State File No. _____

291

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 <u>MISSOURI</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1.0</u>				d. STREET ADDRESS (If rural, give location) <u>9 4514 POPE AVE.</u>			
3. NAME OF DECEASED (Type or Print) <u>Frank Hanschmidt</u>				4. DATE OF DEATH: (Month) (Day) (Year) <u>Jan. 9th, 1949</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>DEC 25, 1890</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WATCHMAN</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	
13a. FATHER'S NAME <u>Arnold Hanschmidt</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Murrain</u>		14. NAME OF HUSBAND OR WIFE <u>STEPHANIE LINDELL</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-01-9918</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Stephanie Hanschmidt</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Uremia</u> <u>Pyelonephritis</u> <u>Non-calculous</u> <u>Malignancy Type Undetermined</u>				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>				INTERVAL BETWEEN ONSET AND DEATH _____			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pyelonephritis</u> DUE TO (c) <u>Non-calculous</u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>12/13/48</u> 19 <u>48</u> to <u>1/9/49</u> 19 <u>49</u> , that I last saw the deceased alive on <u>1/9/49</u> , 19 <u>49</u> , and that death occurred at <u>12:25 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. B. Lasater M.D.</u>				23b. ADDRESS <u>1515 Lafayette Ave.,</u>		23c. DATE SIGNED <u>1/10/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN. 12, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO.</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BROMSCHWIG AND SON 474 W. FLORISSANT</u>					

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

62-1-1

3C
Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri
City of St. Louis ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 2758-47

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 291

On this 21ST day of January, 1949, before me appears Stephanie
HANSCHMIDT, who, upon HER oath, states that the original record of ~~her~~ death
for Frank Joseph Hanschmidt 1-9-49, 19 , in the State of
Missouri, and which was filed at on 19 , should be corrected as follows:

- Item No. 3 should read Frank Joseph Hanschmidt
Instead of Frank
- Item No. 8 should read Dec. 25 - 1890
Instead of " 25, 1891
- Item No. 13^a should read Arnold Hanschmidt
Instead of Arno
- Item No. 13^b should read Louise Murring
Instead of Louise Murring
- Item No. should read age 58
Instead of 57
- Item No. should read
Instead of
- Item No. should read
Instead of
- Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Stephanie Hanschmidt Inf.
Relationship Wife

4514 Pop Ave Present Address.

Subscribed and sworn to before me this 21ST day of January, 1949.

My Commission expires August 29, 1952 Joseph G. Oakes Notary Public.

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