

FILED JAN 29 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 3230

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 406

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY							
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis			c. LENGTH OF STAY (in this place)			c. CITY (If outside corporate limits, write RURAL and give township) St. Louis					
d. FULL NAME OF HOSPITAL OR INSTITUTION 5335 Chippewa St.				d. STREET ADDRESS (If rural, give location) 5335 Chippewa St.							
3. NAME OF DECEASED (Type or Print) WILLIAM			a. (First)		b. (Middle)		c. (Last) SCHMIDT				
4. DATE OF DEATH		(Month)		(Day)		(Year)					
Jan.		13		1949							
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 19, 1884					
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months 8		IF UNDER 24 HOURS Day 24		IF UNDER 60 MIN. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Clerk			10b. KIND OF BUSINESS (OR INDUSTRY) Midwest Piping Co.			11. BIRTHPLACE (State or foreign country) Independence, Mo.					
12. CITIZEN OF WHAT COUNTRY?											
13a. FATHER'S NAME Charles Schmidt			13b. MOTHER'S MAIDEN NAME Alice Pryor			14. NAME OF HUSBAND OR WIFE Tennie Schmidt					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 492-09-8778		17. INFORMANT'S SIGNATURE OR NAME Tennie Schmidt				ADDRESS 5335 Chippewa St.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma esophagus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1501 #11				INTERVAL BETWEEN ONSET AND DEATH 2 yrs.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE no		(Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) St Louis		(COUNTY) hu			
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 June 1943, to Jan 13, 1949, that I last saw the deceased alive on Jan 12, 1949, and that death occurred at 7:30A m., from the causes and on the date stated above.											
23a. SIGNATURE Chas. Jost M.D.				(Degree or title)		23b. ADDRESS 3500 N. Grand		23c. DATE SIGNED 1.14.49			
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 15, 1949		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) St. Louis		(State) Mo.			
DATE REC'D BY LOCAL REG. JAN 14 1949		REGISTRAR'S SIGNATURE J.B. Leater			25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser						
					ADDRESS 4228 S. Kingshighway Bl.						

(Licensed Embalmer's Statement on Reverse Side)

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

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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 _____

working under my personal supervision. _____ Student Embalmer No. _____

Student
Student Embalmer

Signed *Edwin M. Dermott*

Licensed Embalmer No. 3024

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.