

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18177

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1029

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u>		b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vinita Terrace</u>		c. LENGTH OF STAY (in this place) <u>8 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vinita Terrace</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8029 Washington</u>		d. STREET ADDRESS <u>8029 Washington</u>			

3. NAME OF DECEASED (Type or Print)		a. (First) <u>Otto</u>	b. (Middle) <u>D.</u>	c. (Last) <u>Schmidt</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 2nd, 1949</u>	
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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>April 21, 1873</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sanitary Engineer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Engineering</u>	11. BIRTHPLACE (State or foreign country) <u>Blair, Nebraska</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Chris Schmidt</u>	13b. MOTHER'S MAIDEN NAME <u>Wilhelmina Kaspe</u>	14. NAME OF HUSBAND OR WIFE <u>Lillie Toussaint Schmidt</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>493-20-5226</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lillie Schmidt</u>	ADDRESS <u>8029 Washington</u>
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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) <u>Coronary Artery Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u>		<u>13 mo</u>
		DUE TO (c)		<u>15 3/4</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>46 mo</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Metastatic to Liver (cholesterol 1/3/48)</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from May 15, 1948, to May 2, 1949, that I last saw the deceased alive on May 1, 1949, and that death occurred at 1:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. D. Beck</u>	23b. ADDRESS <u>2305 1/2 P. Toussaint</u>	23c. DATE SIGNED <u>5-3-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 5, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>5-4-49</u>	REGISTRAR'S SIGNATURE <u>Theresa W. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Beiderwieden F.H., Inc.</u>	ADDRESS <u>1936 St. Louis</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr J. O. Peeler
2505 No 7th
1-3 7-8

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed May L. Wurfel

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis Ave

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.