.S. No. 300
EV. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 2 1949

State File No. 28522

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO: 1003 Registrar's No. 7373

1. PLACE OF DEATH
a. COUNTY MISSOURI
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
c. LENGTH OF STAY (in this place) 1
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2020 RUSSELL AVE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
d. STREET ADDRESS (If rural, give location) 2020 RUSSELL AVE

3. NAME OF DECEASED (Type or Print) a. (First) PETER b. (Middle) c. (Last) SCHMIDT

4. DATE OF DEATH (Month) AUG (Day) 13 (Year) 1949

5. SEX MALE
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE
8. DATE OF BIRTH MAR 10 1904
9. AGE (In years last birthday) 45 IF UNDER 1 YEAR Months 5 Days 13 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OFFICE CLERK
10b. KIND OF BUSINESS OR INDUSTRY PETER SHOE CO
11. BIRTHPLACE (State or foreign country) AUSTRIA 4
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME ADAM J SCHMIDT
13b. MOTHER'S MAIDEN NAME KATE BAUER
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS

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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH Less than 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic Heart Disease (Myocarditis) 20 yr.
DUE TO (c)

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 ☐ NO ☐

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) 932
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4222

22. *I hereby certify that I attended the deceased from* 8/22, 1949, *to* 8/23, 1949, *that I last saw the deceased alive on* 8/22, 1949, *and that death occurred at* 4 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) M.D.
23b. ADDRESS 3606 Gravois
23c. DATE SIGNED 8/23/49

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE AUG. 26, 1949
24c. NAME OF CEMETERY OR CREMATORY ST. PETER & PAUL CEMETERY
24d. LOCATION (City, town, or county) (State) ST. LOUIS

DATE REC'D BY LOCAL REG. AUG 24 1949
REGISTRAR'S SIGNATURE J. B. Lasater
28. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutes ADDRESS 2906 Gravois

(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 ..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Leo J. Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis 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.