

FILED OCT 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32483

BIRTH NO. _____		REG. DIST. NO. 917		PRIMARY REG. DIST. NO. 4467		Registrar's No. 13027	
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 OR TOWN <u>Overland</u>		c. LENGTH OF STAY (In this place) <u>0</u>		c. CITY OR TOWN <u>Overland</u>		13	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Louis County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2745 No Hanley</u>			
3. NAME OF DECEASED (Type or Print) <u>Michael</u>		a. (First)		b. (Middle)		c. (Last) <u>Schmidt</u>	
4. DATE OF DEATH <u>Sept. 17, 1949</u>		Month		Day		Year	
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>9-12-1883</u>	
9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Gardner</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Austria</u>	
12. CITIZENSHIP OF WHAT COUNTRY? <u>1st Papers</u>		13a. FATHER'S NAME <u>Phillip Schmidt</u>		13b. MOTHER'S MAIDEN NAME <u>Magdalena Metz</u>		14. NAME OF HUSBAND OR WIFE <u>Regina Schmidt</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Regina Schmidt</u> ADDRESS <u>Overland Mo</u>			
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>Hypertensive cardiovascular disease</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Cardiac insufficiency</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> <u>442X</u> <u>13 wks.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442X</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		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 WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Sept. 16, 1949</u> , to <u>Sept. 17, 1949</u> , that I last saw the deceased alive on <u>Sept. 17, 1949</u> , and that death occurred at <u>2 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Arthur C. Weigel</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>601 South Brentwood Clayton</u>		23c. DATE SIGNED <u>17 Sept 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-20-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis County Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-18-49</u>		REGISTRAR'S SIGNATURE <u>Richard L. ...</u>		25. FUNERAL DIRECTOR'S NAME AND ADDRESS <u>St. Louis 10, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

CA-19

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 Howard G. Rowland

Licensed Embalmer No. 3114

P. O. Address. St. Louis 10 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.