

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35550

FILED OCT 27 1949

State File No. 8637

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>69 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>3939 Sullivan Ave.</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>H</b> c. (Last) <b>Schmidt</b>			4. DATE OF DEATH		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 6 1949</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 13 1879</b>		9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stockman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retail Grocery</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Frank Schmidt</b>			13b. MOTHER'S MAIDEN NAME <b>Johanna Stiegemeyer</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Mabel Gaylord Schmidt</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>494-10-9655</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Mabel Schmidt, 3939 Sullivan Ave.</b>				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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary artery disease</b> DUE TO (c) <b>Arteriosclerotic heart disease</b>						INTERVAL BETWEEN ONSET AND DEATH <b>19 days</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<b>4/20/1</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		<b>93rd</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>H200</b>					
22. I hereby certify that I attended the deceased from <b>21 Sept, 1949</b> , to <b>Oct 6, 1949</b> , that I last saw the deceased alive on <b>Oct 5, 1949</b> , and that death occurred at <b>2:45 A.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Edward W. Geburinski MD</b>				23b. ADDRESS <b>3701 Grandel Square</b>			23c. DATE SIGNED <b>Oct. 7, 1949</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 8 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Bethlehem Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>OCT 7 1949</b>		REGISTRAR'S SIGNATURE <b>J B Casater</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Reiderwieden F.H. Inc. 1936 St. Louis Ave.</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

Hanser Memorial  
3701 Grandel Square

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.

Signed.....  
Student Embalmer

Signed *Walter Paulson* Student Embalmer No.....

Licensed Embalmer No. 4114

P. O. Address. 1936 St. John St.

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.