

FILED DEC 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39262

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10007

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 1 day	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital,		d. STREET ADDRESS (If rural, give location) 4 - 4161 W. Florissant Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Herman b. (Middle) Schmidt c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Nov. 20 1949	
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH August 28, 1880	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Herman Schmidt	13b. MOTHER'S MAIDEN NAME Lisetta Wolff	14. NAME OF HUSBAND OR WIFE Theresa Schmidt
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Theresa Schmidt	ADDRESS 4161 W. Florissant.
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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		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular fibrillation		1 mo.
	ANTECEDENT CAUSES DUE TO (b) Myocardial infarction DUE TO (c) Hypertensive cardiovascular disease and uremia		3 wks.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Aplastic anemia		2 yrs.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 92
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 443X
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22. I hereby certify that I attended the deceased from Nov. 19, 1949, to Nov. 20, 1949, that I last saw the deceased alive on Nov. 20, 1949, and that death occurred at 8:35 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. B. ...	23b. ADDRESS Barnes Hospital,	23c. DATE SIGNED 11/20/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment	24b. DATE 11-23-49.	24c. NAME OF CEMETERY OR CREMATORY Valhalla Mausoleum	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.
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DATE REC'D BY LOCAL REG. NOV 27 1949	REGISTRAR'S SIGNATURE J. B. ...	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc. 2161 E. Fair Ave.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Signed..... *Homer H. Jantz*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *3882*

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.