S. No. 300
v. 10.48

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

FILED APR 14 1950

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

State File No. 11051
Registrar's No. 3156

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis
c. LENGTH OF STAY (in this place): 60 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo. Pacific Hospital

**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): 5612 Michigan

**3. NAME OF DECEASED** (Type or Print)
a. (First): Augusta
b. (Middle): Charlotte
c. (Last): Schild

**4. DATE OF DEATH** (Month) April (Day) 3 (Year) 1950

**5. SEX**: F.
**6. COLOR OR RACE**: W.
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widow
**8. DATE OF BIRTH**: Feb. 7 1882
**9. AGE** (In years last birthday): 68 — IF UNDER 1 YEAR: Months 1, Days 26 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**
**11. BIRTHPLACE** (State or foreign country): St.Louis Mo.
**12. CITIZEN OF WHAT COUNTRY?**: U.S

**13a. FATHER'S NAME**: Unk
**13b. MOTHER'S MAIDEN NAME**: Unk
**14. NAME OF HUSBAND OR WIFE**: Walter

**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**: Walter Schild — ADDRESS: 5612 Michigan

**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): Papillary C.A. Kidney (Carcinoma)
ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: ?

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES [4] 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) 180X (STATE)
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
**21f. HOW DID INJURY OCCUR?**

**22.** *I hereby certify that I attended the deceased from* Feb. 10, 1950, *to* April 3, 1950, *that I last saw the deceased alive on* April 3, 1950, *and that death occurred at* 10:00 A m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: [signature] (Degree or title): M.D.
**23b. ADDRESS**: Mo. Pac. Hosp.
**23c. DATE SIGNED**: 4/3/50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: 4-6-1950
**24c. NAME OF CEMETERY OR CREMATORY**: St.Paul Church Yard
**24d. LOCATION** (City, town, or county) (State): St.Louis

DATE REC'D BY LOCAL REG. APR 4 1950
REGISTRAR'S SIGNATURE: [signature]
**25. FUNERAL DIRECTOR'S SIGNATURE** — ADDRESS: Wm.Schumacher 3013 Meramec

(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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address St Louis

**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.**

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

**AFFIDAVIT FOR CORRECTION OF A RECORD**

State File No. 11051
Local Registrar's No. 3156

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death
for Augusta Charlotte Schild, died/born 4-3-1950, 19....., in the State of
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 8 should read February 7-1882
Instead of 1881

Item No. 9 should read Age 68
Instead of 69

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Wm. Schumacher Fun. Dir
Relationship.

3013 Meramec
Present Address.

Subscribed and sworn to before me this 8 day of May, 1950

My Commission expires 3-4-53 Earl C. Pabbers Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
—8-43
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