

FILED JUN 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22220

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>3066</b>		Registrar's No. <b>1448</b>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>ST LOUIS</b>		c. LENGTH OF STAY (in this place) <b>1 1/2 YRS</b>		a. STATE <b>MO</b>		b. COUNTY <b>ST LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>KIRKWOOD</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>KIRKWOOD</b>		d. STREET ADDRESS (If rural, give location) <b>1001 E BIG BEND</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 9 - 1950</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BETHESDA HOME</b>				5. SEX <b>F</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>DORA</b>		b. (Middle) <b>THERESA</b>		c. (Last) <b>SCHMIEDING</b>	
6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>		8. DATE OF BIRTH <b>FEB-14-1869</b>		9. AGE (In years last birthday) <b>81</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>FORT GARLAND COLO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>RUDOLPH SCHMIEDING</b>		13b. MOTHER'S MAIDEN NAME <b>FREDRIKA KLEINSCHMIDT</b>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Joseph W. ...</b>		ADDRESS _____	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>2 da.</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Bronchitis</b>		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Due to (b) Arteriosclerotic Heart</b>					
		DUE TO (c) <b>disease</b>					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <b>Carcinoma of Breast (opr.) 12 yrs.</b>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>420.0</b>		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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>Jan 15, 1950</b> , to <b>May 9, 1950</b> , that I last saw the deceased alive on <b>May 6, 1950</b> , and that death occurred at <b>4:30</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>O. Oberbaugh</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>Webster Groves Mo</b>		23c. DATE SIGNED <b>6/10/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>CREMATION</b>		24b. DATE <b>6-10-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>VALHALLA CREMATORY</b>		24d. LOCATION (City, town, or county) (State) <b>ST LOUIS MO</b>	
DATE REC'D BY LOCAL REG. <b>JUN 10 1950</b>		REGISTRAR'S SIGNATURE <b>Hubert B. Plouffe</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Parke and Co. Webster Groves Mo</b>		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

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 *Leslie Welch* .....

Licensed Embalmer No. *4395* .....

P. O. Address *Walter Brown* .....

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.