

STANDARD CERTIFICATE OF DEATH

43314

FILED JAN 16 1952

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11796**

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS, MO**
 c. LENGTH OF STAY (in this place) (township) **7 WKS.**
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **BARNES HOSPITAL**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **MO.** b. COUNTY **FRANKLIN**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **SULLIVAN MO 6360**
 d. STREET ADDRESS (If rural, give location) **23 W. VINE**

3. NAME OF DECEASED
 a. (First) **ANNA** b. (Middle) **L.** c. (Last) **SCHMIDT**

4. DATE OF DEATH (Month) (Day) (Year)
DEC 30 1951

5. SEX **F** 6. COLOR OR RACE **W**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
MARRIED

8. DATE OF BIRTH **JULY 29, 1874** 9. AGE (In years last birthday) **77** 10. UNDER 1 YEAR **5** 11. UNDER 1 MONTH **1** 12. UNDER 1 HOUR **1**

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)
SWITZERLAND 5

12. CITIZEN OF WHAT COUNTRY?
U.S.

13a. FATHER'S NAME
STEPHAN BERNARD

13b. MOTHER'S MAIDEN NAME
MARGARET ISLER

14. NAME OF HUSBAND OR WIFE
MATHIAS SCHMIDT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
NO NONE

16. SOCIAL SECURITY NO.
NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Paul Schmidt Sullivan, Mo.

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) **Congestive heart failure**
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **Coronary infarction**
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.
Fracture of left hip

INTERVAL BETWEEN ONSET AND DEATH
1 week
Approx 2 mo.

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY?
 YES 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) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?
H201

22. I hereby certify that I attended the deceased from **11-8-51**, 19____, to **12-30-51**, 19____, that I last saw the deceased alive on **12-30-51**, 19____, and that death occurred at **1:30A** m., from the causes and on the date stated above.

23a. SIGNATURE
JR Bradley MD. (Degree or title)

23b. ADDRESS
St. Louis, Missouri

23c. DATE SIGNED
12/30/51

24a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

24b. DATE
JAN 3 1952

24c. NAME OF CEMETERY OR CREMATORY
ODDFELLOWS

24d. LOCATION (City, town, or county) (State)
SULLIVAN MO

DATE REC'D BY LOCAL REG.
JAN 3 1952

REGISTRAR'S SIGNATURE
J Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Hmlaton Sullivan, Mo.

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

700

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

Edgar W. Luffoon

Signed.....

Student Embalmer

Licensed Embalmer No. 3394

P. O. Address Sullivan 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.