

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 20 1952

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **625**

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

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY St Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Affton | c. LENGTH OF STAY (in this place) 2 yrs | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Affton | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 6005 Maxwell | | d. STREET ADDRESS (If rural, give location) 6005 Maxwell | |

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|--|-------------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) Veronica Schmidt | | | 4. DATE OF DEATH (Month) (Day) (Year) March 6 1952 | | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH Dec 29, 1862 | 9. AGE (In years last birthday) 89 | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY At home | 11. BIRTHPLACE (State or foreign country) Germany | | 12. CITIZEN OF WHAT COUNTRY? USA |

| | | |
|---|--|---|
| 13a. FATHER'S NAME Fred Wolz | 13b. MOTHER'S MAIDEN NAME Genevieve Schmidt | 14. NAME OF HUSBAND OR WIFE Edward E Schmidt |
| 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 Otto Neier ADDRESS 6005 Maxwell |

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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, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation | | INTERVAL BETWEEN ONSET AND DEATH 3 days 4 days |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. Cerebral, R. side par death | | |
| | 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. Age 8 patient | | | |

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|---|--|--|
| 19a. DATE OF OPERATION no | 19b. MAJOR FINDINGS OF OPERATION no | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) no | 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) no | 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 **June, 1948**, to **March, 1952**, that I last saw the deceased alive on **March, 1952**, and that death occurred at **11:40 P.M.**, from the causes and on the date stated above.

| | | |
|--|----------------------------------|---|
| 23a. SIGNATURE (Degree or title) H. H. Johnson MD | 23b. ADDRESS 7205 Gravois | 23c. DATE SIGNED 3-7-52 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 3/10/52 | 24c. NAME OF CEMETERY OR CREMATORY St Lucas Cemetery |
| DATE REC'D BY LOCAL REG. 3-7-52 | | 24d. LOCATION (City, town, or county) (State) Sappington Mo |
| REGISTRAR'S SIGNATURE Herbert R. Donke MDJ | | 25. FUNERAL DIRECTOR'S SIGNATURE L Ziegenhein & Sons ADDRESS 7027 Gravois |

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 *Neville B. Frohwitter*

Signed.....
Student Embalmer

Licensed Embalmer No. *3696*

P. O. Address *7027 Grandis*

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.