

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14760

APR 25 1952

318

3380

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
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) 50 yrs		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2597			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4333 Strodtman Place				d. STREET ADDRESS (If rural, give location) 9 4333 Strodtman Place					
3. NAME OF DECEASED (Type or Print) Emilie Schmidt			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Apr. 9, 1952			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed		8. DATE OF BIRTH Sept. 24, 1876			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Austria-Hungary 4		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Joseph Eisler			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE John Schmidt (Deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Paul Reckert 4333 Strodtman Place					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>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>				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis				DUE TO (b) Arteriosclerosis				3-27-51	
II. OTHER SIGNIFICANT CONDITIONS				DUE TO (c)				9-27-51	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				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? H 221					
22. I hereby certify that I attended the deceased from March 27, 1952 to April 9, 1952 that I last saw the deceased alive on April 9, 1952, and that death occurred at 4:45 P.M. from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Emmett Dyrns, M.D.				23b. ADDRESS 3808 N. Grand Blvd.		23c. DATE SIGNED 4-10-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4		24b. DATE 4-12-52		24c. NAME OF CEMETERY OR CREMATORY Bethany Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County MO.			
DATE REC'D BY LOCAL REG. APR 10 1952		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SUEDEMEYER & SON'S 3934 N. 20 Street					

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Gustav W. Dietrich

Licensed Embalmer No. _____

4329

P. O. Address _____

H. Lewis, 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.