S. No. 300
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MAY 9 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15213

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1157

1. PLACE OF DEATH
a. COUNTY ST LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LeMAY
c. LENGTH OF STAY (in this place) 4 HRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MT ST. ROSE SANITORIUM

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE ILLINOIS b. COUNTY MONROE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) WARTBURG 8120
d. STREET ADDRESS (If rural, give location) _____

3. NAME OF DECEASED (Type or Print) a. (First) WILMER b. (Middle) J c. (Last) SCHMIDT

4. DATE OF DEATH (Month) 4 (Day) 29 (Year) 52

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH SEPT. 11, 1906
9. AGE (In years last birthday) 45 IF UNDER 1 YEAR Months 7 Days 18 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) WARTBURG ILLINOIS
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME HENRY SCHMIDT
13b. MOTHER'S MAIDEN NAME MARGARETHA JUST
14. NAME OF HUSBAND OR WIFE FLORENCE SCHMIDT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) _____
16. SOCIAL SECURITY NO. 346-09-6115
17. INFORMANT'S SIGNATURE OR NAME Mrs. Wilmer Schmidt ADDRESS WATERLOO ILLINOIS

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Diabetic Coma	48 hrs
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Diabetes Mellitus	6 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Pulmonary Tuberculosis	6 yrs.
	Tuberculous Spondylitis c̄ Psoas Abscess	1 yr.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 260X
20. AUTOPSY? YES [X] 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) 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* 7-6, 1946 *to* 4-29, 1952; *that I last saw the deceased alive on* 4-25, 1952, *and that death occurred at* 6:10 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) John C. Murphy M.D.
23b. ADDRESS 3720 Washington Blvd
23c. DATE SIGNED 4-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
24b. DATE MAY 1, 1952
24c. NAME OF CEMETERY OR CREMATORY WATERLOO
24d. LOCATION (City, town, or county) WATERLOO (State) ILLINOIS

DATE REC'D BY LOCAL REG. 5-1-52
REGISTRAR'S SIGNATURE Herbert R. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE Emil Luernheim ADDRESS WATERLOO ILLINOIS

SW (Licensed Embalmer's Statement on Reverse Side)

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 Me

..... Student Embalmer No. .....,

working under my personal supervision.

Signed Ben H. Baldwin

Signed.....
Student Embalmer

Licensed Embalmer No. 2420

P. O. Address East 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.