

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1644

1. PLACE OF DEATH  
a. COUNTY St. Louis  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay  
c. LENGTH OF STAY (in this place) 20 yrs  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 714 Lagro ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Mo. b. COUNTY St. Louis  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay 4870  
d. STREET ADDRESS (If rural, give location) 714 Lagro ave.

3. NAME OF DECEASED (Type or Print)  
a. (First) George b. (Middle) F. c. (Last) Schmidt

4. DATE OF DEATH (Month) (Day) (Year)  
June 16, 1952

5. SEX Male

6. COLOR OR RACE White

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

8. DATE OF BIRTH March 18, 1885

9. AGE (In years last birthday) 67 10. IF UNDER 1 YEAR Month 11. IF UNDER 1 YEAR Days 12. IF UNDER 1 MIN. Hours 13. IF UNDER 1 MIN. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Man

10b. KIND OF BUSINESS OR INDUSTRY Retired Mechanical

11. BIRTHPLACE (State or foreign country) Bethalto, Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George Schmidt

13b. MOTHER'S MAIDEN NAME Emma Meyer

14. NAME OF HUSBAND OR WIFE Henrietta

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. UNKNOWN

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Henrietta Schmidt 714 Lagro ave. Lemay, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Chronic Hypertensive Heart Disease with Congestive type Corchaic failure  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS Hemiplegia - right  
*Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH  
3 years  
3 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 44BX

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?

22. I hereby certify that I attended the deceased from June 16, 1952, to June 17, 1952, that I last saw the deceased alive on June 16, 1952, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter W. ... M.D.

23b. ADDRESS St. Johns, Mo.

23c. DATE SIGNED 6-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (1)

24b. DATE June 19, 1952

24c. NAME OF CEMETERY OR CREMATORY St. Trinity Luth. Cemetery

24d. LOCATION (City, town, or county) (State) 200 Lemay Ferry Road, Lemay, Mo.

DATE REC'D BY LOCAL REG. 6-18-52

REGISTRAR'S SIGNATURE Herbert R. Domb, MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS G. Hoffmeister U. & L. Co. 7814 S. Broadway

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

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed

*Harry J. Schumacher*

Signed.....

Student Embalmer

.....  
Licensed Embalmer No. *2679*

P. O. Address *2514 S. Broadway*

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.