

FILED JUL 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26299

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6101**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis - MO		c. CITY (If outside corporate limits, write RURAL and give township) Brentwood 4511	
c. LENGTH OF STAY (In this place) 5 days		d. STREET ADDRESS (If rural, give location) 1425 Anole Pl	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Children's Hosp			

3. NAME OF DECEASED (Type or Print) Robert Joseph Schmidt			4. DATE OF DEATH (Month) (Day) (Year) June 28 1952		
5. SEX Male		6. COLOR OR RACE wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) chd	
8. DATE OF BIRTH June-9-1951		9. AGE (In years last birthday) 1 yr		10. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY chd		11. BIRTHPLACE (State or foreign country) Chicago Illinois	

13a. FATHER'S NAME Gerard C. Schmidt		13b. MOTHER'S MAIDEN NAME Maryl Crain		14. NAME OF HUSBAND OR WIFE chd -	
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. 74		17. INFORMANT'S SIGNATURE OR NAME M. Barrard - 5008 Kinshipway	

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) Bronchopneumonia, Bilateral, Chronic ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Tuberculous Disease of Lungs DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS REFERRED TO IN THE HISTORY Conditions contributing to the death but not related to the disease or condition causing death.					

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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 587.2	

22. I hereby certify that I attended the deceased from **June 23, 1952**, to **June 28, 1952**, that I last saw the deceased alive on **June 28, 1952**, and that death occurred at **7:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. J. Klingberg, M.D.		23b. ADDRESS 5008 Kinshipway		23c. DATE SIGNED 6/28-52	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 6/30/52		24c. NAME OF CEMETERY OR CREMATORY St. Louis Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis County MO	

DATE REC'D BY LOCAL REG. JUN 30 1952		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Bopp, Inc	
				ADDRESS Kirkwood MO	

(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.....

Student Embalmer No.

working under my personal supervision.

Not embalmed

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.