

FILED OCT 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

33393

8927

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS 2239</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1726 OREGON AV.</u>				d. STREET ADDRESS (If rural, give location) <u>23 1726 OREGON AV.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE M.</u>		b. (Middle) <u>SCHMIEDEKER</u>		c. (Last) <u>SCHMIEDEKER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT-24-52</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>DEC-7-1871</u>	
9. AGE (In years last birthday) <u>80 YRS</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>SCHMIEDEKER</u>		13b. MOTHER'S MAIDEN NAME <u>MARY HAEFNER</u>		14. NAME OF HUSBAND OR WIFE <u>MAMIE SCHMIEDEKER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>May Straub</u> ADDRESS <u>1726 Oregon Av</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chc. hypert. cerebral</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? <u>446X</u>			
22. I hereby certify that I attended the deceased from <u>June 19, 52</u> , to <u>Sept 22, 1952</u> , that I last saw the deceased alive on <u>SA 22, 1952</u> and that death occurred at <u>2:15 P.M.</u> , from the causes and on the date stated above.							
22a. SIGNATURE <u>H. S. G. - M.D.</u> (Degree or title)		22b. ADDRESS <u>2252 Cherokee</u>		22c. DATE SIGNED <u>9/25/52</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>Sept 27-52</u>		23c. NAME OF CEMETERY OR CREMATORY <u>PARK LAWN</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u>	
DATE REC'D BY LOCAL SEP 25 1952		REGISTRAR'S SIGNATURE <u>J. Paul Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Schmur</u> ADDRESS <u>325 Lafayette</u>			

WRITE IN ONLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

see by 2/11/52

2083

(Licensed Embalmer's Statement on Reverse Side)

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

John B. Vollmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 33393
Local Registrar's No. 8927

State of Mo.
City of St. Louis } ss.
County of St. Louis

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 30 day of Sept., 1952, before me appears E. J. Schnur

, who, upon her oath, states that the original record of birth death

for George M. Schmedeker died 9/24/52, 19 , in the State of Missouri, and which was filed at St. Louis ~~1952~~ on 9/27/52, should be corrected as follows:

Item No. 3 should read George M. Schmiedeker

Instead of George M. Schmedeker

Item No. 13^a should read Adolph Schmiedeker

Instead of Adolph Schmedeker

Item No. 14 should read Mamie Schmiedeker

Instead of Mamie Schmedeker

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant E. J. Schnur **Undertaker**
Relationship.

3125 Lafayette Ave.
Present Address.

Subscribed and sworn to before me this 30 day of Sept., 1952.

My Commission expires 12/6/52 Bernard F. Johnson Notary Public.

Sup - 88393