

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
0915

FILED FEB 11 1953

BIRTH NO. _____ REG. DIST. NO. **318** 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 township) c. LENGTH OF STAY (in this place)
OR TOWN **ST. LOUIS Mo**
c. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN **ST. LOUIS 2239**

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
ALEXIAN BROS. Hosp.
d. STREET ADDRESS (If rural, give location)
23 2643 EADS

3. NAME OF DECEASED (Type or Print)
a. (First) **WILLIAM** b. (Middle) **-** c. (Last) **SCHMIDT**
4. DATE OF DEATH (Month) (Day) (Year)
JAN. 26 1953

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
WIDOWED 8. DATE OF BIRTH **OCT. 14 1870** 9. AGE (In years last birthday) **82**
If UNDER 1 YEAR: Months _____ Days _____ If UNDER 2 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
RETIRED 10b. KIND OF BUSINESS OR INDUSTRY
FIREMAN 11. BIRTHPLACE (City and State or Foreign Country)
INDIANA 12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME **SCHMIDT** 13b. MOTHER'S MAIDEN NAME **UNKNOWN** 14. NAME OF HUSBAND OR WIFE
SOPHIA SCHMIDT

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 ADDRESS
MRS. JOHN ADLON 4924 NAGEL

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Occlusion** INTERVAL BETWEEN ONSET AND DEATH **1 da.**
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) **Chronic Myocarditis 6 yrs**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) **Arteriosclerosis indefin.**
II. OTHER SIGNIFICANT CONDITIONS
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 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?
4201

22. I hereby certify that I attended the deceased from **1-3 1953** to **1-26 1953** that I last saw the deceased alive on **1-26 1953**, and that death occurred at **5 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Dr. Frank Swickorby MD** 23b. ADDRESS **25 28 S Jefferson** 23c. DATE SIGNED **1-26-53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL** 24b. DATE **JAN 29 1953** 24c. NAME OF CEMETERY OR CREMATORY **VALHALLA CEM.** 24d. LOCATION (City, town, or county) (State)
ST. LOUIS Mo

DATE REC'D BY LOCAL REG. **JAN 27 1953** REGISTRAR'S SIGNATURE **J. Carl Smith** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Mr. Thomas Kutis 2906 Beavie

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 Home C Hill

Licensed Embalmer No. 4347

P. O. Address 2906 Spruce

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.