No. 300
No. 48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3726

FILED JAN 28 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0514

1. PLACE OF DEATH
a. COUNTY:
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5348a Neosho St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Mo.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2149
d. STREET ADDRESS (If rural, give location): 14 5348a Neosho St.

3. NAME OF DECEASED (Type or Print): a. (First) EDWIN b. (Middle) J. c. (Last) SCHMITT

4. DATE OF DEATH (Month) (Day) (Year): Jan. 15 1953

5. SEX: Male 0

6. COLOR OR RACE: White

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

8. DATE OF BIRTH: July 30, 1884

9. AGE (In years last birthday): 68 — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postal Clerk-U. S.

10b. KIND OF BUSINESS OR INDUSTRY: Post Office

11. BIRTHPLACE (City and State or Foreign Country): St. Jacob, Ill.

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Bernard Schmitt

13b. MOTHER'S MAIDEN NAME: Anna Koenen

14. NAME OF HUSBAND OR WIFE: Mary M. Schmitt

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.:

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mary M. Schmitt 5348a Neosho St.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Thrombophlebitis, Bilateral Lower Extremities

DUE TO (c)

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) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 46 4X

22. *I hereby certify that I attended the deceased from* Jan 9, 1953, *to* Jan 15, 1953, *that I last saw the deceased alive on* Jan 15, 1953, *and that death occurred at* 11:45 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Thomas A. Poles DO

23b. ADDRESS: 5203 Chippewa

23c. DATE SIGNED: 1-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Jan. 19, 1953

24c. NAME OF CEMETERY OR CREMATORY: Resurrection Cemetery

24d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

DATE REC'D BY LOCAL REG.: JAN 16 1953

REGISTRAR'S SIGNATURE: F. Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Kriegshauser 4228 S. Kingshighway Bl.

M.D.

(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 Edwin A. McDermott

Licensed Embalmer No. 3024

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.