

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH7920  
State File No. 1838  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		State File No. <u>7920</u>		Registrar's No. <u>1838</u>						
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>										
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay</u>		4870								
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>118 Mann St.</u>										
3. NAME OF DECEASED (Type or Print) <u>Joseph J. Schmid</u>			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH <u>Feb. 14, 1953</u> (Month) (Day) (Year)		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug. 8, 1899</u>		9. AGE (In years last birthday) <u>53</u>		10. IF UNDER 1 YEAR Month _____ Day _____		11. IF UNDER 1 HR. Hour _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Postal Clerk, Post Office</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? _____				
13a. FATHER'S NAME <u>Joseph M. Schmid</u>				13b. MOTHER'S MAIDEN NAME <u>Mollie Klein</u>				14. NAME OF HUSBAND OR WIFE <u>Julia Schmid</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Julia Schmid</u>				ADDRESS <u>118 Mann St.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH <u>3 mo.</u>				
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure due to Chr. Emphysema &amp; cor</u>												
		*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.												
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary</u>												
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>												
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>4343</u>										
22. I hereby certify that I attended the deceased from <u>Aug. 1949</u> to <u>Feb. 1953</u> , that I last saw the deceased alive on <u>Feb. 14, 1953</u> , and that death occurred at <u>345P</u> m., from the causes and on the date stated above.														
23a. SIGNATURE <u>Ed Hoffman M.D.</u> (Degree or title)						23b. ADDRESS <u>16 Hampton Village Pl.</u>			23c. DATE SIGNED <u>2/17/53</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2-17-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>sunset burial park</u>				24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>						
DATE REC'D BY LOCAL REG. <u>FEB 17 1953</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>southern funeral home</u>				ADDRESS <u>6322 S. Grand Blvd.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

DR. A. DAVID HUFFMAN  
HAMPTON VILLAGE

BU. 2854  
SL 6080

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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 David Van Fossan

Licensed Embalmer No. 4242

P. O. Address St. Louis, Mo

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.