

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7921**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1420**

FILED FEB 26 1953

BIRTH 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)
OR
TOWN **Saint Louis**

c. LENGTH OF STAY (In this place)
8 1/2 Hours

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN **Saint Louis** **2149**

d. FULL NAME OF HOSPITAL OR INSTITUTION
Missouri Baptist Hospital

d. STREET ADDRESS (If rural, give location)
5339 Walsh Street, 9, 0

3. NAME OF DECEASED
(Type or Print)
a. (First) **AUGUST**

b. (Middle) _____
c. (Last) **SCHMIDT**

4. DATE OF DEATH (Month) (Day) (Year)
Feb. 4th, 1953

5. SEX
Male

6. COLOR OR RACE
White

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

8. DATE OF BIRTH
June 1st, 1882

9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.)
70

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired Baker

10b. KIND OF BUSINESS OR INDUSTRY
Baker

11. BIRTHPLACE (City and State or Foreign Country)
Germany **4**

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
William Schmidt

13b. MOTHER'S MAIDEN NAME
Katherine Gruen

14. NAME OF HUSBAND OR WIFE
Bertha Schmidt nee Iseemann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No **None**

16. SOCIAL SECURITY NO.
Unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Bertha Schmidt, 5339 Walsh Street, 9,

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary artery disease**

ANTECEDENT CAUSES

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

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
8 yrs.

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) (Min.)

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 **Oct.**, 1948, to **Feb. 4**, 1953, that I last saw the deceased alive on **Feb. 4**, 1953, and that death occurred at **10:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Grace E. Berger, M.D.

23b. ADDRESS
114 N. Taylor Ave. (8)

23c. DATE SIGNED
Feb. 5, '53

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE
2/7/53

24c. NAME OF CEMETERY OR CREMATORY
Oak Grove Mausoleum

24d. LOCATION (City, town, or county) (State)
St. Louis County, Missouri

DATE REC'D BY LOCAL REG.
FEB 6 1953

REGISTRAR'S SIGNATURE
Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Calvin F. Feutz, 4828 Natural Bridge Blvd

(Licensed Embalmer's Statement on Reverse Side)

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

1:00 PM to 5:00 PM.
(Thursday Sure)

File in City.

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 A. Mlinar

Licensed Embalmer No. 4186

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.