

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 2037

12280

FILED MAR 18 1953		REG. DIST. NO. <u>318</u>	PRIMARY REG. DIST. NO. <u>1003</u>	Registrar's No. <u>2037</u>
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Missouri)		a. STATE <u>Missouri</u> b. COUNTY		
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2109</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1</u>		d. STREET ADDRESS (If rural, give location) <u>3125 Clay Street</u>		
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH		(Month) (Day) (Year)
a. (First) <u>CHARLES</u>		b. (Middle) <u>W.</u>		c. (Last) <u>SCHMIDT</u>
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>Dec. 2, 1866</u>		9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Watchman</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hanniab, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Schmidt</u>		
13b. MOTHER'S MAIDEN NAME <u>Gertrude Pilgrim</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Katie M. Schmidt</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Katie M. Schmidt, 3125 Clay Street</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		DUE TO (b) <u>volvulus of colon</u>		<u>4 days</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		<u>1 week</u>
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 <u>volvulus of colon</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>5703</u>
22. I hereby certify that I attended the deceased from <u>February 15, 1953</u> , to <u>February 21, 1953</u> , that I last saw the deceased alive on <u>February 21, 1953</u> , and that death occurred at <u>3:45 A.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Carlyle L. Huer</u>		23b. ADDRESS (Degree or title) <u>1515 Lafayette Avenue</u>		23c. DATE SIGNED <u>2-21-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-24-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Math Hermann &amp; Son Inc. 2161 E. Fair Ave.</u>		
DATE REC'D BY LOCAL REG. <u>FEB 24 1953</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		

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 Clément McManis .....

Licensed Embalmer No. 3732 .....

P. O. Address St. Louis .....

**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.