

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12282

State File No.

2054

Registrar's No.

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

d. FULL NAME OF HOSPITAL OR INSTITUTION **City Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri**
b. COUNTY

c. CITY OR TOWN **St. Louis**

d. Is Residence within limits of a city or incorporated town? Yes No

e. STREET ADDRESS (If rural, give location) **6135 Gambleton Pl. 2059**

3. NAME OF DECEASED (Type or Print)

a. (First) **MARGARET** b. (Middle) **RUTH (BIEHLE)** c. (Last) **SCHMIDT**

4. DATE OF DEATH (Month) (Day) (Year) **Febr. 19, 1953**

5. SEX **F**

6. COLOR OR RACE **W**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) **Divorced 3**

8. DATE OF BIRTH **1-9-1895**

9. AGE (In years last birthday) **58** IF UNDER 1 YEAR **1** Months **10** Days IF UNDER 24 HRS. **10** Hours **10** Min.

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

10b. KIND OF BUSINESS OR INDUSTRY **At Home**

11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Mo.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME

Michael McDonnell

13b. MOTHER'S MAIDEN NAME

Nora Anglin

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Wm. J. Murphy, 2708 S. Broadway, City**

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, asthma, etc. It means the disease, injury, or complication which caused death.

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

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.

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

Cardio. respiratory collapse; following ventriculography

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?

3403

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **6:20 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE

Wm. J. Murphy, Deputy Town

(Degree or title)

23b. ADDRESS

1300 Clark

23c. DATE SIGNED

2/21/53

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

24b. DATE

2-23-1953

24c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

24d. LOCATION (City, town, or county) (State)

St. Louis, Mo.

DATE REC'D BY LOCAL REG. **FEB 24 1953**

REGISTRAR'S SIGNATURE

J. Carl Smith

25. FUNERAL DIRECTOR'S SIGNATURE

JAY B. SMITH, Maplewood, Mo.

ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed..... *H. J. Burgess*

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

A