

STANDARD CERTIFICATE OF DEATH

State File No. 12283

FILED MAR 18 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 2041

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) St. Louis,		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis, 2159	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 4723 Michigan Ave., 15	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4723 Michigan Ave.,			

3. NAME OF DECEASED a. (First) Xavier (Type or Print)		b. (Middle) Frank		c. (Last) Schmieder,		4. DATE OF DEATH (Month) (Day) (Year) February 21, 1953	
5. SEX Male,	6. COLOR OR RACE White,	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married,		8. DATE OF BIRTH October 22, 1886		9. AGE (In years) (last birthday) 66	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beer Bottler,		10b. KIND OF BUSINESS OR INDUSTRY Retired 8 Years,		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri, C		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Joseph Schmieder,		13b. MOTHER'S MAIDEN NAME Magdalena Bauer,		14. NAME OF HUSBAND OR WIFE Mamie Schmieder,	
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. 498-03-0883		17. INFORMANT'S SIGNATURE OR NAME Mamie Schmieder, 4723 Michigan Ave.,	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 year	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <i>Carcinoma of stomach</i>		ANTICIPATED CAUSES <i>Chronic conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>			
*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 (b)			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS <i>Unhealed fracture of rt hip</i>		8 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7 ? 1945 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR Fall. 151X	

22. I hereby certify that I attended the deceased from 3 Jan 1953, to 21 Feb 1953, that I last saw the deceased alive on 20 Feb 1953, and that death occurred at 3:40 P. m., from the causes and on the date stated above.

23a. SIGNATURE <i>J. Paul Mueser</i>		(Degree or title) M.D.		23b. ADDRESS 4209 S Kingshighway		23c. DATE SIGNED 23 Feb 53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal,		24b. DATE 2/24/53		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park,		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
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DATE REC'D BY LOCAL REG. FEB 24 1953		REGISTRAR'S SIGNATURE <i>J. Paul Mueser</i>		25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, Mo.		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

7110

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 me

working under my personal supervision.

Student Embalmer No.....

Signed.....

*Joe B. Benz*  
4249

Signed.....  
Student Embalmer

Licensed Embalmer No.....

2842 Meramec St.,  
P. O. Address St. Louis, 18, 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.