

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16667**

FILED APR 29 1953

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1087**

4000
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) LEMAY MO		c. LENGTH OF STAY (in this place) 10 YRS	c. CITY OR TOWN LEMAY? 4830
d. FULL NAME OF HOSPITAL OR INSTITUTION 1917 GLORIA		d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) BARBARA b. (Middle) SCHMIDT c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) APR. 15 1953	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB. 17 1881
9. AGE (In years last birthday) 72		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY AT HOME
11. BIRTHPLACE (City and State or Foreign Country) AUSTRIA HUNGARY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME NICK KLEIN		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE PETER SCHMIDT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOHN A. SCHMIDT 3961 FLEMING
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arterio-Sclerotic Heart Disease 2 yrs. 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1952 to April 15 1953 , that I last saw the deceased alive on April 14 1953 , and that death occurred at 445A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) George A. O'Sullivan, M.D.		23b. ADDRESS 421 N. Schirmer St. L. 11th	23c. DATE SIGNED 4-15-53
24a. BURIAL CREMATION REMOVAL BURIAL	24b. DATE APR. 18 1953	24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.
DATE REC'D BY LOCAL REG. 4-16-53	REGISTRAR'S SIGNATURE Herbert R. Donohue	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 2906 Beavon	

421 M. Schumacher
P.L. 1242

7 to 9 Nov

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.....
Licensed Embalmer No. 3989

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