

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20353

State File No. ....

FILED MAY 28 1953

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1449

1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ballwin, Mo.</u>		c. CITY OR TOWN <u>St. Louis</u> <u>2249</u>	
c. LENGTH OF STAY (in this place) <u>8 days</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pine Crest Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>3525 Salena Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANDREW</u> b. (Middle) <u>P.</u> c. (Last) <u>SCHMIDT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 24 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Feb. 14, 1876</u>
9. AGE (In years last birthday) <u>77 yrs.</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>General Maintenance</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self-employed</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Hobelauf, Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Minnie Bramer 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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Andrew Schmidt, 3525 Salena Street</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Atherosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>None</u> <u>None</u>		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., 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?	
22. I hereby certify that I attended the deceased from <u>5/21</u> , 19 <u>53</u> , to <u>5/24</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>5/21</u> , 19 <u>53</u> , and that death occurred at <u>6:50P m.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>Kirkwood, Mo.</u>	
23c. DATE SIGNED <u>5/25/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>May 27, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Trinity Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Beiderwieden F.H. Inc., 1936 St. Louis Ave.</u>	
DATE REC'D BY LOCAL REG. <u>5-25-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	

209 S. Kirkwood,  
Phone - Kirkwood 15226  
Hours - 1:30 and 3 PM

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 None  
Signature of Student Embalmer

Signed Delix J. Krupinski

Licensed Embalmer No. 348

P. O. Address St. Lawrence

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.