

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23142**
5986

FILED JUL 15 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		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) OR TOWN St. Louis Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Affton	
c. LENGTH OF STAY (in this place) 11 days		d. STREET ADDRESS (If rural, give location) 9408 Evandale Drive 482	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hosp. Assoc.			

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) C. c. (Last) SCHMIDT			4. DATE OF DEATH (Month) (Day) (Year) June 14 1953		
5. SEX M.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Div.	
8. DATE OF BIRTH July 9, 1886			9. AGE (In years last birthday) 64 yrs.		10. IF UNDER 1 YEAR Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired switchman			10b. KIND OF BUSINESS OR INDUSTRY Terminal R.R.		11. BIRTHPLACE (City and State or Foreign Country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME George Schmidt		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE -----	
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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. 702-12-5258		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ora Golomski- 9408 Evandale	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hours
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident		ANTECEDENT CAUSES			
*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		Conditions contributing to the death but not related to the disease or condition causing death. Cc of Cecum - Metastatic Liver.			6 years.

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 331 X H	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **JUNE 6, 1953**, to **June 14, 1953**, that I last saw the deceased alive on **June 14, 1953**, and that death occurred at **10:24 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Geo. J. Houkiss, M.D.		23b. ADDRESS 607 N Grand		23c. DATE SIGNED June 6, 53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 17, 1953		24c. NAME OF CEMETERY OR CREMATORY Old St. Marcus Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis Missouri	

DATE REC'D BY LOCAL REG. JUN 16 1953		REGISTRAR'S SIGNATURE Carl Schmidt M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wacker-Heldersle - 3634 Gravois Ave	
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(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
Student Embalmer

Signed *T. Robert Wheeler*

Licensed Embalmer No. 2128

P. O. Address *St. Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.