

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27336**

FILED JUL 23 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1911

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Louis,</u> b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Arbor Terrace</u> c. LENGTH OF STAY (In this place) <u>5 YEARS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mother of Good Counsel Home</u>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Arbor Terrace</u> d. STREET ADDRESS (If rural, give location) <u>6825 Natural Bridge Road.</u>		
<b>3. NAME OF DECEASED</b> a. (First) <u>Florence</u> b. (Middle) _____ c. (Last) <u>Schmidt</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>July 10, 1953</u>			
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Separated</u>	<b>8. DATE OF BIRTH</b> <u>February 7, 1900</u>	<b>9. AGE</b> (In years last birthday) <u>53</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HR.: Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>AT HOME</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>St. Louis Missouri</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>		<b>13a. FATHER'S NAME</b> <u>Jerry Montgomery</u>			
<b>13b. MOTHER'S MAIDEN NAME</b> <u>Minnie Crain</u>		<b>14. NAME OF HUSBAND OR WIFE</b> _____			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>UNKNOWN</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mother Columbe</u>	
<b>ADDRESS</b> <u>6825 Natural Bridge Road</u>					
<b>MEDICAL CERTIFICATION</b>					
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc.—it means the disease, injury, or complication which caused death.		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Carcinoma of Breast</u>  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. <u>Metastases Lung + Spine</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>1 yr.</u>			
<b>19a. DATE OF OPERATION</b> <u>1952</u>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>Carcinoma</u>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>none</u>		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office, etc.) <u>none</u>		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.) <u>none</u>		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <u>none</u>	
<b>22. I hereby certify that I attended the deceased from <u>June, 1952</u>, to <u>July 10, 1953</u>, that I last saw the deceased alive on <u>July 10, 1953</u>, and that death occurred at <u>11:40 Am.</u>, from the causes and on the date stated above.</b>					
<b>23a. SIGNATURE</b> (Degree or title) <u>W. B. Staehle M.D.</u>			<b>23b. ADDRESS</b> <u>7124 Natural Bridge</u>		
<b>23c. DATE SIGNED</b> <u>7.11.53</u>			_____		
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>7/13/53</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Resurrection Cemetery</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis County, Missouri</u>		_____			
<b>DATE REC'D BY LOCAL REG.</b> <u>7-11-53</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Herbert R. Donka M.D.</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Gebken-Benz Mortuary</u>	
_____		<b>ADDRESS</b> <u>2842 Meramec St.</u>		_____	

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

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Joe S. Benz*

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.  
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.