

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30403

State File No. \_\_\_\_\_  
Registrar's No. **7217**

FILED AUG 20 1953

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>7217</b>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri.</b>				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Missouri Baptist Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>20 2319 Hebert Street,</b>					
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Anthony (Tony) J.</b>		b. (Middle) _____		c. (Last) <b>Schmidt.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 23, 1953</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan. 17, 1894</b>		9. AGE (In years last birthday) <b>59</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shoe Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Tower Grove Shoe Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri.</b>		12. CITIZEN OF WHAT COUNTRY? <b>0</b>			
13a. FATHER'S NAME <b>Peter Schmidt</b>			13b. MOTHER'S MAIDEN NAME <b>Adeline Block</b>			14. NAME OF HUSBAND OR WIFE <b>Beulah Schmidt.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Beulah Schmidt,</b>				ADDRESS <b>2319 Hebert Street.</b>	
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) <b>Acute Dilatation of heart</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Posterior Cardiac infarct</b> DUE TO (c) <b>Myocarditis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>12 hours</b> <b>12 hours</b> <b>?</b>	
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) <b>420.1</b>					
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 <b>July 22, 1953</b> , to <b>July 23, 1953</b> , that I last saw the deceased alive on <b>July 23, 1953</b> , and that death occurred at <b>8:30P m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Jud H. Krug M.D.</b> (Degree or title)				23b. ADDRESS <b>2249 St. Louis ave</b>		23c. DATE SIGNED <b>7/24/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 27, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri.</b>			
DATE REC'D BY LOCAL REG. <b>JUL 24 1953</b>		REGISTRAR'S SIGNATURE <b>J. Cash Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Leidner Und. Co.</b>		ADDRESS <b>2223 St. Louis Av.</b>			

(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.....  
Signature of Student Embalmer

Signed *John J. Haines*.....  
Licensed Embalmer No. *4108*.....  
P. O. Address *H. Haines*.....

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.