

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30404

FILED AUG 20 1953

State File No.

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 7385

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 8 days	c. CITY OR TOWN De Soto
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		e. STREET ADDRESS (If rural, give location) Rural Rt. # 1	
3. NAME OF DECEASED (Type or Print) a. (First) Marie b. (Middle) Schmidt c. (Last) Schmidt		4. DATE OF DEATH (Month) (Day) (Year) July 29 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 8 1900
9. AGE (In years last birthday) 53		10. MONTHS 3	11. DAYS 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Affton, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Morris Gapsch		13b. MOTHER'S MAIDEN NAME Johanna Pruetzel	14. NAME OF HUSBAND OR WIFE Philip Schmidt
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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Philip Schmidt Rt#1 Desoto, Mo	
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) Lower Nephron Nephrosis 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. Atelectasis (Rt. Lower Lung) 9 days		INTERVAL BETWEEN ONSET AND DEATH 9 days
19a. DATE OF OPERATION 7/20/53	19b. MAJOR FINDINGS OF OPERATION Chronic Cholecystitis with Stones		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) 584X	
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 7/19/53, 19, to 7/29/53, 19, that I last saw the deceased alive on 7/28/53, 19, and that death occurred at 1:00A m., from the causes and on the date stated above.			
23a. SIGNATURE CE Stindel, M.D.		23b. ADDRESS 3701 Grandview Sq.	23c. DATE SIGNED 7/29/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8/1/1953	24c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUL 29 1953	25. FUNERAL DIRECTOR'S SIGNATURE J.L. Ziegenhein & Sons	ADDRESS 7027 Gravois	

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

(Licensed Embalmer's Statement on Reverse Side)

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 *Neville D. Frohwitter*

Licensed Embalmer No. *3696*

P. O. Address *7027 Sherrill*

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.