

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **41104**

FILED NOV 27 1953

Registrar's No. **10990**

BIRTH NO.		REG. DIST. NO. 301		PRIMARY REG. DIST. NO. 1903	
1. PLACE OF DEATH a. COUNTY St. Louis			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		c. LENGTH OF STAY (in this place) 1 M. & 24	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2237
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary Hospital			d. STREET ADDRESS (If rural, give location) 23 1708 Allen		
3. NAME OF DECEASED (Type or Print) KATE		a. (First)	b. (Middle)	c. (Last) SCHMAT	4. DATE OF DEATH (Month) (Day) (Year) 11 18 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 3-13-1877	9. AGE (In years last birthday) 76	10. MONTHS 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hwk.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Mike Jackberger		13b. MOTHER'S MAIDEN NAME Josephine Wagner		14. NAME OF HUSBAND OR WIFE Widow	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Chas. Schmat 3030 Rolla Pl.		
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) Metastatic Carcinoma of Rt Lung from Ca of Rt Breast ANTECEDENT CAUSES Diabetes Mellitus Generalized Arteriosclerosis DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH years years
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 170X			
22. I hereby certify that I attended the deceased from Sept. 24, 1953 , to Nov. 18, 1953 , that I last saw the deceased alive on Nov. 18, 1953 , and that death occurred at 6:20 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE George Baker, M.D.		23b. ADDRESS 5600 Arsenal St.		23c. DATE SIGNED 11/18/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-20-53	24c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul	24d. LOCATION (City, town, or county) (State) St. Louis Mo.		
DATE RECD. BY REG. CLERK NOV. 19 1953	REGISTRAR'S SIGNATURE J. Earl Smith Md		25. FUNERAL DIRECTOR'S SIGNATURE Moydell Funeral Home 1926 Allen Av.		

(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 Reinhold K. Lohmann

Licensed Embalmer No. 2395

P. O. Address _____

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.