

STANDARD CERTIFICATE OF DEATH

FILED APR 2 1954

State File No. 2790

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

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place)		2010	
d. FULL NAME OF HOSPITAL OR INSTITUTION En Route to City Hospital		d. STREET ADDRESS (If rural, give location) 7116 Michigan	
3. NAME OF DECEASED a. (First) Frank b. (Middle) Schmidt c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Mar 28, 1954	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Jan. 23, 1877
9. AGE (In years last birthday)	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	11. BIRTHPLACE (State or foreign country) Germany	12. CITIZEN OF WHAT COUNTRY? U.S.A
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY Railroad Car Repairer	11. BIRTHPLACE	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Carl Schmidt	13b. MOTHER'S MAIDEN NAME Veronica Gergenski	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Carl Schmidt	
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.		17. ADDRESS East St. Louis, Ill	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERNAL BETWEEN ONSET AND DEATH.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		Interval between onset and death.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Interval between onset and death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SPECIFIC? (Specify) MURDER	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 28 54 12 P.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E 812.4	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 220 P. m., from the causes and on the date stated above. 25			
23a. SIGNATURE Joseph M. Decker (Degree or title)		23b. ADDRESS 1308 Clark	
23c. DATE SIGNED 3/29/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 21, 1954	24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel	24d. LOCATION (City, town, or county) (State) Belleville, Ill
DATE REC'D BY LOCAL REG. MAR 29 1954	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Charles Kerke	
		ADDRESS East St. Louis Ill	

100

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Chas m. Burke

Signed.....
Student Embalmer

Licensed Embalmer No. 2421

P. O. Address East St. Louis, Ill

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.