

FILED JUN 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21210

State File No.

2281

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2150	
b. CITY OR TOWN St Louis	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5200 Alabama Av		d. STREET ADDRESS (If rural, give location) 15 5200 Alabama Av	

3. NAME OF DECEASED (Type or Print)		a. (First) Oliver	b. (Middle) J.	c. (Last) Schmidt	4. DATE OF DEATH (Month) (Day) (Year) Mar 9 1954				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct 1 1898	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal Worker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St Louis Missouri			12. CITIZEN OF WHAT COUNTRY U S A		

13a. FATHER'S NAME Joseph A Schmidt		13b. MOTHER'S MAIDEN NAME Mary Greenwald		14. NAME OF HUSBAND OR WIFE Mae Schmidt	
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. 494-05-9745		17. INFORMANT'S SIGNATURE OR NAME Mae Schmidt ADDRESS 5200 Alabama Av	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 15 mo.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brandenburg Carcinoma		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (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.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 162X			

22. I hereby certify that I attended the deceased from 1-31, 1953, to 3-9, 1954, that I last saw the deceased alive on 1-28, 1954, and that death occurred at 2:00 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John C. Moynell M.D. O		23b. ADDRESS 3720 Washington Blvd		23c. DATE SIGNED 3-11-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/12/54		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
DATE REC'D BY LOCAL REG. MAR 11 1954		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		24d. LOCATION (City, town, or county) (State) St Louis County Missouri	
25. FUNERAL DIRECTOR'S SIGNATURE Moydell Funeral Home		ADDRESS 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Reinhold K. Lohman

Licensed Embalmer No. 3395

P. O. Address St. Louis 4 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.