THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31075

State File No. .....

FILED SEP 27 1954

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 45

1. PLACE OF DEATH
a. COUNTY JEFFERSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) DESOTO
c. LENGTH OF STAY (in this place) X R.S.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 502 LANDSDOWNE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO b. COUNTY JEFF.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) DE SOTO 0502
d. STREET ADDRESS (If rural, give location) 502 LANDSDOWNE

3. NAME OF DECEASED (Type or Print) a. (First) MARIE b. (Middle) LOUISE c. (Last) SCHMIDT

4. DATE OF DEATH (Month) (Day) (Year) SEPT. 13 1954

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH FEB. 12 1878

9. AGE (In years last birthday) 76 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

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 (State or foreign country) ST. LOUIS MO.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME EDWARD GEIST

13b. MOTHER'S MAIDEN NAME ELIZABETH ORTH

14. NAME OF HUSBAND OR WIFE AUGUST SCHMIDT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT'S SIGNATURE OR NAME AUGUST SCHMIDT ADDRESS 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH 4 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arteriosclerosis of coronary arteries 4 years

DUE TO (c)

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 4201

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1950, 19__, *to* Sept 13, 1954, *that I last saw the deceased alive on* Sept 13, 1954, *and that death occurred at* 9 05 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Thomas A. Donnell M.D.

23b. ADDRESS DeSoto, Mo.

23c. DATE SIGNED 9-14-54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE SEPT. 16 1954

24c. NAME OF CEMETERY OR CREMATORY WOODLAWN PARK

24d. LOCATION (City, town, or county) (State) DESOTO MO.

DATE REC'D BY LOCAL REG. 9-21-54

REGISTRAR'S SIGNATURE Marie Farrer 146

25. FUNERAL DIRECTOR'S SIGNATURE Donnell B. Dickerson **ADDRESS** DeSoto Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

SEP 25 1954

OCT 18 1956

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 Donnell B. Dietrich

Licensed Embalmer No. 4104

P. O. Address Dedata Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.