

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39213**
Registrar's No. **10165**

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10165			
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) OR TOWN ST. LOUIS Mo		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2310 S. 12th				e. STREET ADDRESS (If rural, give location) 23 2310 S. 12th ST					
3. NAME OF DECEASED (Type or Print) a. (First) CASPER b. (Middle) SCHMIDT c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Nov. 7 1954						
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH FEB. 2 1882			
9. AGE (in years last birthday) 72		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BLACKSMITH		10b. KIND OF BUSINESS OR INDUSTRY MERCHANTS ICE CO		11. BIRTHPLACE (City and State or Foreign Country) AUSTRIA HUNGARY			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME JACOB SCHMIDT		13b. MOTHER'S MAIDEN NAME ELIZABETH FOLTZ		14. NAME OF HUSBAND OR WIFE CATHERINE 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. 489-01-6253		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CATHERINE SCHMIDT 2310 S. 12th					
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) Chronic fibrillation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chr myocarditis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 wks 2 1/2 yrs	
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? 4222					
22. I hereby certify that I attended the deceased from Mar 21, 1932 to Nov 7, 1954 , that I last saw the deceased alive on Nov 6, 1954 , and that death occurred at 10:20 AM , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) J. Reindewolf MD				23b. ADDRESS 2026 509th ST		23c. DATE SIGNED 11/8/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Nov. 10 1954		24c. NAME OF CEMETERY OR CREMATORY S.S. PETER & PAUL		24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo			
25. REG'D BY LOCAL REG. Nov 9 1954		REGISTRAR'S SIGNATURE Earl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 2906 Prairie					

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

Pr 6-5669

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 *Samuel C Hill*

Licensed Embalmer No. *434*

P. O. Address *2901 St*

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.