

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 <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <b>915 N. GRAND, ST. LOUIS, MO.</b>		c. LENGTH OF STAY (In this place) <b>285 DAYS</b>	c. CITY OR TOWN <b>ST. LOUIS</b>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>		STREET ADDRESS (If rural, give location) <b>4240 PRAIRIE AVENUE</b> 2109	
3. NAME OF DECEASED a. (First) <b>ALBERT</b> (Type or Print)		b. (Middle) <b>A</b>	c. (Last) <b>SCHMIDT</b>
5. SEX <b>MALE</b> 0	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b> 0	8. DATE OF BIRTH <b>10-3-93</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>UNKNOWN</b>	9. AGE (In years last birthday) <b>61</b>
10a. DATE OF DEATH (Month) (Day) (Year) <b>1-23-55</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>BELLEVILLE, ILLINOIS</b>	
13a. FATHER'S NAME <b>AUGUST SCHMIDT</b>		13b. MOTHER'S MAIDEN NAME <b>MARY STELICK</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <b>YES</b> (If in war or dates of service) <b>WWI</b>		16. SOCIAL SECURITY NO. <b>488-32-2039</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI</b> ADDRESS
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA OF THE TONGUE WITH METASTASIS</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <b>9-2-54</b>		19b. MAJOR FINDINGS OF OPERATION <b>CARCINOMA OF THE TONGUE</b>	
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>VA</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>141X</b>			
22. I hereby certify that I attended the deceased from <b>4-12-54</b> , 19___, to <b>1-23-55</b> , 19___, <del>and that death occurred at 8:54 Am., from the causes and on the date stated above.</del>			
23a. SIGNATURE <b>Ross A. Manganaro</b>		23b. ADDRESS <b>VAH, ST. LOUIS, MISSOURI</b>	
23c. DATE SIGNED <b>1-23-55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>rem. motor</b>		24b. DATE <b>1-25-55</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>National Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Jeff. Brks., Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JAN 25 1955</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Charles Smith</b> ADDRESS <b>Southern Funeral Home 8322 S. Grand, St. Louis, Mo.</b>	

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 *David Van Tassan*.....

Licensed Embalmer No. *424*

P. O. Address *6322 60th Ave*

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.