

FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6483**
Registrar's No. **1632**

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1632		
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 ST. ANTHONY HOSPITAL				e. STREET ADDRESS (If rural, give location) 15411² NEBRASKA				
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) SCHMID c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) FEB. 19 1955					
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH OCT 14 1865		
9. AGE (In years last birthday) 89		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CANDY MAKER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME ANTHONY SCHMID		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF WIFE OR WIDOW BARBARA SCHMID		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS AMELIA SCHMID 4111^a NEBRASKA				
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) Chronic myocarditis ANTECEDENT CAUSES DUE TO (b) congestive heart failure DUE TO (c) atherosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture hip					INTERVAL BETWEEN ONSET AND DEATH 4221F	
19a. DATE OF OPERATION 2-12-55		19b. MAJOR FINDINGS OF OPERATION Fr. 1-T. hip right					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Fell in kitchen		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4111^a Nebraska St Louis MO				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2 12 55 10^{am}		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell in kitchen				
22. I hereby certify that I attended the deceased from 2-12, 1955 to 2-19, 1955 , that I last saw the deceased alive on 2-19, 1955 , and that death occurred at 8⁰⁰ Am. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Donald O. Burs				23b. ADDRESS 501 No. Theatre Bldg		23c. DATE SIGNED 2-20-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB. 21 1955		24c. NAME OF CEMETERY OR CREMATORY ST. MATTHEW CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO		
DATE REC'D BY LOCAL REG. FEB 21 1955		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 2906 Georgia				

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

m. J. G. (Licensed Embalmer's Statement on Reverse Side)

J. W. ... D.K.
2 30 430

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 *2906 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.