

FILED JUN 15 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15112

State File No. ....

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 5422 Registrar's No. 30

1. PLACE OF DEATH  
a. COUNTY Franklin  
b. CITY OR TOWN Sullivan c. LENGTH OF STAY (in this place) \_\_\_\_\_  
d. FULL NAME OF HOSPITAL OR INSTITUTION \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Franklin  
c. CITY OR TOWN Stapton d. Residence within limits of a city or incorporated town? Yes  No

3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) G. c. (Last) Schmidt  
4. DATE OF DEATH (Month) (Day) (Year) June 5 55

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 8. DATE OF BIRTH Sept. 30, 1880 9. AGE (In years last birthday) 74 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) Retired 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joseph Schmidt 13b. MOTHER'S MAIDEN NAME Rose Schilling 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Hannah Emmenegger ADDRESS 915 N. Victory Lemay 23 Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Fractured skull,  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) choked chest, Internal injuries.  
DUE TO (c) fractured left leg.  
II. OTHER SIGNIFICANT CONDITIONS Walked into side of car  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION on Hwy # 66 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  Hwy # 66 21c. (CITY, TOWN, OR TOWNSHIP) Sullivan (COUNTY) Franklin (STATE) Mo.  
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 5, 1955 8:30 PM 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? Walked into side of car

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE Ernest P. Ottman, coroner (Degree or title) 23b. ADDRESS Leisler Mo. 23c. DATE SIGNED June 5, 1955

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE June 8, 1955 24c. NAME OF CEMETERY OR CREMATORY St. Trinity Cemetery 24d. LOCATION (City, town, or county) (State) 2000 Lemay Ferry Road

DATE REC'D BY LOCAL REG. 6/6/55 REGISTRAR'S SIGNATURE Thomas A. Humphrey 496 25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister U. & L. Co. ADDRESS 721 S. Broadway St. Louis, Mo.

APR 25 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 .....  
Signature of Student Embalmer

Signed *Linus E. Hoffmeister* .....

Licensed Embalmer No. 3871

P. O. Address 7814 S. Or

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.