

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20385

FILED JUN 22 1955

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State File No.

Registrar's No. 5016

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No.		Registrar's No. 5016			
1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give town or TOWN St. Louis) c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION 2529a So. Broadway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 23 2529a So. Broadway 22310							
3. NAME OF DECEASED a. (First) Anna (Type or Print)			b. (Middle) _____			c. (Last) Schmidt			4. DATE OF DEATH (Month) (Day) (Year) June 8, 1955		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 29, 1879		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) Housewife				10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Modas, Hungary			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Albert Fuchs				13b. MOTHER'S MAIDEN NAME Apollinia Ritter				14. NAME OF HUSBAND OR WIFE Peter Schmidt			
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME Catherine Argent ADDRESS 2529a So. Broadway					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) apoplexy (Pt) ANTECEDENT CAUSES Or arteriosclerotic Heart Dis 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.						INTERVAL BETWEEN ONSET AND DEATH 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? 4200					
22. I hereby certify that I attended the deceased from 12 May 54 to 8 June 55 , that I last saw the deceased alive on 3 June 55 and that death occurred at 3:45 P. m. , from the causes and on the date stated above.											
23a. SIGNATURE Frank Henry M.P. (Deponent title)						23b. ADDRESS 1935 Park			23c. DATE SIGNED 9 June 55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 11, 1955		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Ceme.			24d. LOCATION (City, town, or county) (State) St. Louis, Missouri				
DATE REC'D BY LOCAL REG. JUN 9 1955		REGISTRAR'S SIGNATURE J. Carly Smith				25. GENERAL DIRECTOR'S SIGNATURE Walter Helderle ADDRESS 3634 Gravois Ave.					

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

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 *Robert Wheeler*.....

Licensed Embalmer No..... *212*

P. O. Address *St Louis Mo*.....

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.