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FILED AUG 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28421

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 1829

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Wabson Woods</u> c. LENGTH OF STAY (In this place) <u>20 years</u>		c. CITY OR TOWN <u>Wabson Woods 4 6 1/3</u> d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Agnes Home</u>		e. STREET ADDRESS (If rural, give location) <u>10341 Manchester Road</u>	

3. NAME OF DECEASED a. (First) <u>CHRISTINA</u> b. (Middle) <u>WALDSCHMIDT</u> c. (Last) <u>WALDSCHMIDT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 3 1955</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>June 24-1880</u>	9. AGE (In years last birthday) <u>75</u>	10. UNDER 1 YEAR Months <u>1</u> Days <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Frankfort Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Maxim Waldschmidt</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Baker</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rev Mother Dorothy</u> ADDRESS <u>10341 Manchester Rd</u>	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>central hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>			
		DUE TO (c) <u>arteriosclerosis</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331x</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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?	

22. I hereby certify that I attended the deceased from Aug 2, 1955 to Aug 3, 1955, that I last saw the deceased alive on Aug 2, 1955, and that death occurred at 7:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>E. J. Volmer</u> (Degree or title)		23b. ADDRESS <u>535 W. Big Bend</u>		23c. DATE SIGNED <u>8-5-55</u>	
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24a. DATE OF DEATH <u>Aug 6-1955</u>		24b. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem</u>		24c. LOCATION (City, town, or county) (State) <u>St. Louis MO</u>	
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DATE REC'D BY LOCAL REG. <u>8/5/55</u>		REGISTRAR'S SIGNATURE <u>Herbert R. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.H. ...</u> ADDRESS <u>6536 Clayton Rd.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

Rich HG 17 Mo

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 *Elton H. Remelaw*.....

Licensed Embalmer No... *42*

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

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.