

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42583

State File No. \_\_\_\_\_

FILED JAN 6 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11222

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 <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>3640 Loughborough</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Linda</u> b. (Middle) <u>A.</u> c. (Last) <u>Schmitt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 21, 1955</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept. 9, 1897</u>	9. AGE (In years last birthday) <u>58</u>	10. IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Bd. of Educ.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Edw. Dieckhoener</u>		13b. MOTHER'S MAIDEN NAME <u>Aurelia Jennings</u>		14. NAME OF HUSBAND OR WIFE <u>Max A. Schmitt</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>Unk.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Max A. Schmitt 3640 Loughborough</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lympho Sarcoma</u>			<u>Just death</u>
		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	19b. MAJOR FINDINGS OF OPERATION <u>Abdominal Lymphoma 200.1</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <input checked="" type="checkbox"/>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12/21/55</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <input checked="" type="checkbox"/>			
22. I hereby certify that I attended the deceased from <u>1941</u> , 19 <u>  </u> , to <u>12/21</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12/21</u> , 19 <u>55</u> , and that death occurred at <u>730p</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Sharon Miller M.D.</u>		23b. ADDRESS <u>408 Humboldt</u>		23c. DATE SIGNED <u>12/21/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>12-21-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Missouri Crematory</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		
DATE RECD BY LOCAL REG. <u>DEC 22 1955</u>	REGISTRAR'S SIGNATURE <u>Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Southern Funeral Home</u>		ADDRESS <u>6322 S. Grand Blvd., St. Louis, Mo.</u>	

Dr. C. W. Miller

Humboldt Bldg.

11 to 2 p.m. today

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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 Foss*

Licensed Embalmer No. *454*

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.