

FILED JAN 6 1956

STANDARD CERTIFICATE OF DEATH

State File No. **42735**
 Registrar's No. **10712**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

I. 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 town(ship)) OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) **10 Hrs.** c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes # _____ No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Missouri Baptist Hospital** STREET ADDRESS (If rural, give location) **26 1428A Salisbury St.**

3. NAME OF DECEASED a. (First) **George** b. (Middle) **L.** c. (Last) **Waldschmidt** **4. DATE OF DEATH** (Month) (Day) (Year) **Dec. 6 1955**

5. SEX **Male** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) **Married** **8. DATE OF BIRTH** **Oct. 20, 1882** **9. AGE** (In years) (Last birthday) **73** **10. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **Maintenance** **11. BIRTHPLACE** (City and State or Foreign Country) **Louisville Kentucky** **12. CITIZEN OF WHAT COUNTRY?** **U.S.A.**

10b. KIND OF BUSINESS OR INDUSTRY **Fruit Auction** **11. BIRTHPLACE** (City and State or Foreign Country) **Louisville Kentucky** **12. CITIZEN OF WHAT COUNTRY?** **U.S.A.**

13a. FATHER'S NAME **Henry Waldschmidt** **13b. MOTHER'S MAIDEN NAME** **Unknown** **14. NAME OF HUSBAND OR WIFE** **Louise Waldschmidt**

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.** **493 07 3787** **17. INFORMANT'S SIGNATURE OR NAME** **Louise Waldschmidt** **ADDRESS** **1428A Salisbury**

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, asphyxia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Arteriosclerotic heart disease**
Congestive heart failure
INTERVAL BETWEEN ONSET AND DEATH **5 yrs**
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** **420.0** **20. AUTOPSY?** YES NO

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) (Min.) _____ **21e. INJURY OCCURRED WHILE AT WORK** **NOT WHILE AT WORK** **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from **7 Feb, 1951**, to **Dec 6, 1955**, that I last saw the deceased alive on **Dec 6, 1955**, and that death occurred at **3:07 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Warren M. Lonergan** **23b. ADDRESS** **457 N. Kingshighway** **23c. DATE SIGNED** **Dec 7/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **12/9/1955** **24c. NAME OF CEMETERY OR CREMATORY** **Bethany Cemetery** **24d. LOCATION** (City, town, or county) (State) **St. Louis County Mo.**

DATE REC'D BY LOCAL REG. **DEC 7 1955** **REGISTRAR'S SIGNATURE** **Carl Smith** **25. FUNERAL DIRECTOR'S SIGNATURE** **Collier Mortuary** **ADDRESS** **10123 St. Chas. Rd**

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 *Sheldon Collier*

Licensed Embalmer No. *33*

P. O. Address *1012387*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.