

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7598

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 337

1. PLACE OF DEATH a. COUNTY <u>St. Louis,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri.</u> b. COUNTY _____	
b. CITY OR TOWN <u>Richmond Heights 17,</u>		c. CITY OR TOWN <u>St. Louis,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital.</u>		e. STREET ADDRESS (If rural, give location) <u>#4542 West Pine Blv'd.,</u>	
3. NAME OF DECEASED a. (First) <u>JOHN</u> b. (Middle) <u>F.</u> c. (Last) <u>SCHMIDT, JR.,</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb'y 4, 1956.</u>	
5. SEX <u>Male.</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>child.</u>	8. DATE OF BIRTH <u>July 7, 1953.</u>
9. AGE (In years last birthday) <u>2.</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None.. Child.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Child.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri.</u>
13a. FATHER'S NAME <u>John F. Schmidt Sr.,</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Chambers.</u>	
14. NAME OF HUSBAND OR WIFE <u>None.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>	16. SOCIAL SECURITY NO. <u>no.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John F. Schmidt Sr.</u> ADDRESS <u>4542 West Pine Blv'd.,</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>pneumococcal meningitis</u> INTERVAL BETWEEN ONSET AND DEATH <u>14 days.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>fracture</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>congenital heart lesion</u> <u>trauma - great vessels</u>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" 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 <u>Jan 21, 1956,</u> to <u>Feb 7, 1956,</u> that I last saw the deceased alive on <u>Feb 3, 1956,</u> and that death occurred at <u>2304 m.,</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>C. K. Hammett</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>35 N. Central Clayton</u>	23c. DATE SIGNED <u>2/4/56</u>
24a. DATE REC'D BY LOCAL REG. <u>2-4-56</u>	24b. DATE <u>2/6/56.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery..</u>	24d. LOCATION (City, town, or county) (State) <u>7800 St. Charles Rock Road.</u>
REGISTRAR'S SIGNATURE <u>Herbert B. Dombrowski</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. R. Lupton &amp; Sons,</u> ADDRESS <u>#7233 Delmar Blv'd.,</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

**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.....  
*Clarence H. Myer*

Licensed Embalmer No.....  
*4011*

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.