

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 25 1956

State File No. 14843

 BIRTH NO. 20343-56 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 935

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 <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>		c. CITY OR TOWN <u>Ferguson</u>		d. Is Residence within limits of a city or township? (over) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Childrens</u>				e. STREET ADDRESS (If rural, give location) <u>57 Forest Wood Dr.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carol</u> b. (Middle) <u>Jean</u> c. (Last) <u>Schmidt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 25 56</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>1-16-56</u>		9. AGE (In years last birthday)	if UNDER 1 YEAR Months <u>9</u> Days <u>9</u>	if UNDER 1 HR. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Melvin Schmidt</u>			13b. MOTHER'S MAIDEN NAME <u>Wilma Roper</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HABRAH 507 S. Kings Highway</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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>5 da.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE SEPTIC MENINGITIS DUE TO Acute septic meningitis, due to non-lactose NON LACTOSE FERMENTER fermenter</u>				DUE TO (b) <u></u>				5 DAYS
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u></u>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u></u>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>340.3</u>				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) m.		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>1-24-1956</u> , to <u>1-25-1956</u> , that I last saw the deceased alive on <u>1-25-1956</u> and that death occurred at <u>10:20 AM</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>J. Letti MD</u>				23b. ADDRESS <u>St. Louis Childrens Hospital</u>		23c. DATE SIGNED <u>Jan 25, 1956</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Jan 27, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri.</u>			
DATE REC'D BY LOCAL REG. <u>JAN 27 1956</u>		REGISTRAR'S SIGNATURE <u>Jean Schmidt MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Shepard Funeral Home, 1167 Hamilton Ave</u>				

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 *Stanley A. Dixon*.....

Licensed Embalmer No. *41*.....

P. O. Address *H. F.*.....

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.