

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25463

STATE FILE NUMBER

FILED AUG 14 1956

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1838

Health, Welfare & Public Service
300 1-56
All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITER IF POSSIBLE

1. PLACE OF DEATH a. COUNTY St. Louis b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp. D.O.A.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis c. CITY OR TOWN Kirkwood 400 d. STREET ADDRESS (If outside, give location) 924 Blue Bonnet Ct.	
3. NAME OF DECEASED (Type or print) First Charles Middle H. Last Schmidt			4. DATE OF DEATH Month July Day 30 Year 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 12, 1903
9. AGE (In years last birthday) 53		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Yard Foreman	10b. KIND OF BUSINESS OR INDUSTRY Holekamp Lmb.Co.
11. BIRTHPLACE (City and state or country) Grover, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John J. Schmidt		14. MOTHER'S MAIDEN NAME Mary Rauscher	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. 493-07-2187	17. INFORMANT Clara C. Schmidt Address Court 924 Blue Bonnet
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) due to asphyxia due to carbon monoxide poisoning Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 9731
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Found in car with hose connected, self-inflicted monoxide poisoning - on river bank, parked.		
20c. TIME OF INJURY Hour 3:10 Month, Day, Year July 30 56	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) in own car	20f. CITY, TOWN, OR LOCATION KIRKWOOD	COUNTY ST. LOUIS	STATE MISSOURI
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Arnold J. Willmann, Coroner (Degree or title)		22b. ADDRESS Clayton, Missouri	22c. DATE SIGNED 8/2/56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 2, 1956	23c. NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery	23d. LOCATION (City, town, or county) (State) Des Peres, Mo.
24. FUNERAL DIRECTOR Pfitzinger Mortuary, Kirkwood, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 8-1-56	26. REGISTRAR'S SIGNATURE Herbert R. Romberg

(Licensed Embalmer's Statement on Reverse Side)

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St. Louis, Mo. Kirkwood St. Joseph's Hosp. D.O.A. St. Louis, Mo. Kirkwood
 X Kirkwood X
 X St. Joseph's Hosp. D.O.A. St. Louis, Mo. Kirkwood
 July 30, 1956 Charles
 H. Schmidt
 MAY 15, 1903 wife
 U.S.A. Holskamp Imp. Co. Grover, Mo. Yarb Toremann
 John J. Schmidt
 Mary Traubner

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
 by me, or by Student Embalmer No.....
 working under my personal supervision..

Student..... Signed.....
 Signature of Student Embalmer
 Licensed Embalmer No.....
 P. O. Address.....

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
 by me, or by Student Embalmer No.....
 working under my personal supervision..

Student..... Signed.....
 Signature of Student Embalmer
 Licensed Embalmer No. 4
 P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
 to comply with the above constitutes grounds for revocation of license).
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