

FILED SEP 6 1956

## STANDARD CERTIFICATE OF DEATH

29099  
State File No. 6907

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>2239/0</b> <b>23 2750 Russell Blvd.,</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hosp.,</b>				d. STREET ADDRESS (If rural, give location) <b>2239/0</b> <b>23 2750 Russell Blvd.,</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Anthony</b> b. (Middle) <b>J.</b> c. (Last) <b>Schmidt</b>			4. DATE OF DEATH (Month) <b>7</b> (Day) <b>23</b> (Year) <b>'56</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>12/15/'06</b>		
9. AGE (In years last birthday) <b>49</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired dock hand</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Trucking</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Sebastian Schmidt.</b>			13b. MOTHER'S MAIDEN NAME <b>Christine Klein</b>			14. NAME OF HUSBAND OR WIFE <b>Never married</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Christine DeCou-2719 Ann Ave.,</b> ADDRESS _____				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Gastric Hemorrhage; Second &amp; Third Degree burns of approximately 50% of the body; suffered in fire which started in the second bedroom of one, Mrs. Rose, when he fell asleep while smoking cigarette, about 5:15 am, July 22nd 1956 at 2750 Russell Blvd.</b>					INTERVAL BETWEEN ONSET AND DEATH _____	
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 _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo</b>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>July 22 56 5:15 PM</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>000 E916-0</b>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>6:40 P.</b> m., from the causes and on the date stated above.								
23a. SIGNATURE <b>James M Kelly Chouard</b>				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>7.25.56</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>7/26/'56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>JUL 25 1956</b>		REGISTRAR'S SIGNATURE <b>J. Paul Smith, M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>MOYDELL FUNERAL HOME-1926 ALLEN AVE</b> ADDRESS _____			

S.P. (Licensed Embalmer's Statement on Reverse Side)

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 .....  
Student Embalmer

Signed Reinhold K. Lohman

Licensed Embalmer No. 3395

P. O. Address St Louis 4 9

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

If this body is not embalmed, fact should be so stated above.