

FILED DEC 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43832  
11232  
Registrar's No. 11232

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY  |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>  |  | c. CITY OR TOWN <u>St. Louis</u>  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>D.O.A. DePaul Hospital</u>  |  | e. STREET ADDRESS (If rural, give location) <u>5470 Queens Avenue.</u>  |   |
| 3. NAME OF DECEASED (Type or Print)  | a. (First) <u>HILDA</u>  | b. (Middle) <u>M.</u>   | c. (Last) <u>SCHMIDT</u>  |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>December 6, 1956</u>  |  |   |   |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>White</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>   | 8. DATE OF BIRTH <u>March 16, 1904</u>  |
| 9. AGE (In years last birthday) <u>52</u>  |  | 10. UNDER 1 YEAR Months   | 11. UNDER 24 HRS. Days Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>   | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Belleville, Illinois</u>  |   |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |  |   |   |
| 13a. FATHER'S NAME <u>Gregory Herman</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Margaret Eschmann</u>  | 14. NAME OF HUSBAND OR WIFE <u>Fred J. Schmidt</u>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>  |  | 16. SOCIAL SECURITY NO. <u>None</u>   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fred J. Schmidt, 5470 Queens Avenue</u>  |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Stenosis</u><br>ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Right Renal Thrombosis</u><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> |   |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION <u>OK. Transferred to Dept. of Health 12/8/56</u>  |   |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   | INTERVAL BETWEEN ONSET AND DEATH   |   |   |
| 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) <u>4107</u>   |   |
| 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>Dec 3, 1956</u> to <u>Dec 6, 1956</u> that I last saw the deceased alive on <u>Dec 6, 1956</u> and that death occurred at <u>3:45 P.M.</u> from the causes and on the date stated above. |  |   |   |
| 23a. SIGNATURE (Degree or title) <u>Joseph A. Mac... M.D.</u>  |  | 23b. ADDRESS <u>3901 W. Flannery</u>  | 23c. DATE SIGNED <u>12/7/56</u>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  | 24b. DATE <u>Dec. 10, 1956</u>   | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>  | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>  |
| DATE REC'D BY LOCAL REG. <u>DEC 8 1956</u>   | REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stock Mortuary, 2117 E. Grand Blvd.</u>   |   |

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

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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.....  
*Paul A. Wachter*

Licensed Embalmer No. *4787*

P. O. Address *St. Louis, Mo.*

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.