

11031

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

S. No. 300
V. 10.48

FILED MAR 18 1957

318

1003

State File No.

Registrar's No. 1632

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		REGISTRAR'S NO.		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) 2 Weeks.		c. CITY OR TOWN St. Louis		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 (If not in hospital or institution, give street address or location) 16 Missouri Baptist Hospital				e. STREET ADDRESS (If rural, give location) 207 2716a Sullivan Avenue.				
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) E. c. (Last) Schmidt			4. DATE OF DEATH (Month) (Day) (Year) February 15, 1957					
5. SEX <input checked="" type="checkbox"/> Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH February 22, 1897		9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector		10b. KIND OF BUSINESS OR INDUSTRY Cinch Mfg. Co.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME William Schmidt.			13b. MOTHER'S MAIDEN NAME Elizabeth Leich		14. NAME OF HUSBAND OR WIFE Mrs Edith Schmidt.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 498-10-7614		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Edith Schmidt, 2716a Sullivan Ave.,				
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lung ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Emphysema					INTERVAL BETWEEN ONSET AND DEATH 8 mos. 2 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 163x		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) (Min.)		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 June 19, 1956 to Feb 15, 1957 , that I last saw the deceased alive on 2-15, 1957 , and that death occurred at 11:25P m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Richard Jones MD				23b. ADDRESS 3720 Washington St. St. Louis, Mo.		23c. DATE SIGNED 2-16-57		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-19-1957	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
DATE REC'D BY LOCAL REG. FEB 18 57		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math. Hermann & Son Inc. 2161 E. Fair Ave.,				

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

70. J. B.

(Licensed Embalmer's Statement on Reverse Side)

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.....
Licensed Embalmer No. 3737
P. O. Address C. J. Jones

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.