

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18335

State File No.

FILED JUN 3 1957

BIRTH NO. _____ REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6048 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u> ✓	
b. CITY (If outside corporate limits, write RURAL and give township) <u>O'Fallon, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>O'Fallon,</u>	
c. LENGTH OF STAY (in this place) <u>Indefinite</u>		d. STREET ADDRESS (If rural, give location) <u>920</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Institute</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sr. M. Edwin</u> b. (Middle) _____ c. (Last) <u>Schmid</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 12, 1957</u>					
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>March 3, 1879</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Geisslingen, Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Bernard Schmid</u>	13b. MOTHER'S MAIDEN NAME <u>Therese Baetz</u>	14. NAME OF HUSBAND OR WIFE <u>-----</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>-----</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sr. Mary Alicia</u>
		ADDRESS <u>O'Fallon, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Encephalopathy</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic Heart Disease</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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, 1956, to May 11, 1957, that I last saw the deceased alive on May 4, 1957, and that death occurred at 5:30 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Gene J. DuMoulin M.D.</u>	23b. ADDRESS <u>O'Fallon, Mo.</u>	23c. DATE SIGNED <u>13 May 57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 15, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Convent Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>O'Fallon, Mo.</u>
DATE REC'D BY LOCAL REG. <u>May 15/57</u>	REGISTRAR'S SIGNATURE <u>E. K. Little</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. DeLongue & Sons, St. Charles, Mo.</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
Student Embalmer

Signed *Frank R. Amaling*

Licensed Embalmer No. *48328*

P. O. Address *St. Charles, 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 this body is not embalmed, fact should be so stated above.