

No. 300
10.48

FILED JUN 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19255**
4877

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** 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 **ST LOUIS**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST LOUIS, MO** c. LENGTH OF STAY (In this place) **4 DAYS**
c. CITY OR TOWN **4651 GLENDALE** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **24 ST LOUIS CHILDREN'S HOSP** e. STREET ADDRESS (If rural, give location) **27 230 PARKLAND**

3. NAME OF DECEASED (Type or Print) a. (First) **JOHN** b. (Middle) **FOSTER** c. (Last) **SCHMID** 4. DATE OF DEATH (Month) (Day) (Year) **MAY 24, 1957**

5. SEX **M** 6. COLOR OR RACE **W** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **SINGLE** 8. DATE OF BIRTH **1-30-1948** 9. AGE (In years last birthday) Months Days IF UNDER 1 YEAR IF UNDER 24 HRS. **9 YRS** Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **None** 10b. KIND OF BUSINESS OR INDUSTRY **None** 11. BIRTHPLACE (City and State or Foreign Country) **ST LOUIS MO** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **ALEXANDER LEWIS SCHMID** 13b. MOTHER'S MAIDEN NAME **JANE FOSTER** 14. NAME OF HUSBAND OR WIFE **SINGLE**

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. **None** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Barbara Jones, 500 S. Kings Highway**

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, asthenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Intracranial hemorrhage** MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH **6 hrs**
ANTECEDENT CAUSES DUE TO (b) **Acute leukemia** **5 months**
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **204.3**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT (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 (Month) (Day) (Year) (Hour) (Minute) OF INJURY _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **5-20, 1957**, to **5-24, 1957**, that I last saw the deceased alive on **5-24, 1957**, and that death occurred at **12:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Barbara Jones, M.D.** 23b. ADDRESS **500 S. Kings Highway** 23c. DATE SIGNED **5-24-57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **removal** 24b. DATE **5-24-57** 24c. NAME OF CEMETERY OR CREMATORY **Oak Hill Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis County, Mo.**

DATE REC'D BY LOCAL REG. **MAY 24 1957** REGISTRAR'S SIGNATURE **Carl Smith, M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **C. R. Lupton & Sons-7233 Delmar**

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

219B

(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.. *Arnold W. Schoene*

Licensed Embalmer No. *3864*

P. O. Address *St. Louis*

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