

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 14 1957

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1003

State File No. 19257
5084

BIRTH NO. 35416-57		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 <u>MO.</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST LOUIS</u>		c. LENGTH OF STAY (in this place) <u>6 MONTH</u>		c. CITY OR TOWN <u>ST LOUIS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FIRMIX DESLOGE</u>				e. STREET ADDRESS (If rural, give location) <u>237 1/2 24 A MISSISSIPPI AVE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GAY</u>		b. (Middle) <u>MARY</u>		c. (Last) <u>SCHMIDT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 30 - 1957</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>MAY 30 - 1917</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins. <u>6</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) <u>CHILD</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>ST LOUIS, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>EDWARD SCHMIDT</u>			13b. MOTHER'S MAIDEN NAME <u>MARY CLARK</u>			14. NAME OF HUSBAND OR WIFE	
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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edward Schmidt 237 1/2 A MISSISSIPPI</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary atelectasis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity (24 wks)</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7625</u>				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 <u>5-30</u> , 19 <u>57</u> , to <u>5-30</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>5-30</u> , 19 <u>57</u> , and that death occurred at <u>6:45 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John E. Egly M.D.</u>				23b. ADDRESS <u>St. J. and, Mo</u>		23c. DATE SIGNED <u>5/31/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5-30-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. CARMEL</u>		24d. LOCATION (City, town, or county) (State) <u>BELLEVILLE, ILL</u>	
DATE REC'D BY LOCAL REG. <u>MAY 31 '57</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] [Address]</u>			

(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..

Not Embalmed

Student.....
Signature of Student Embalmer

Signed *John A. Gornoski*
Licensed Embalmer No.....
P. O. Address.....

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.