

THE DIVISION OF 'HEALTH' OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19258

XC 3336380 SL 13298
FILED MAY 27 1957

318

1003

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No. 4697

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 35 915 No. Grand VA Hospital		Length of stay in lb 37 days	d. STREET ADDRESS 25th STREET 1734 Washington		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Charles F. Schmidt			First	Middle	Last
4. DATE OF DEATH 5-16-57			Month	Day	Year
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-22-83	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auditor		10b. KIND OF BUSINESS OR INDUSTRY Mfg. Electrical Parts & Equipment	11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles Schmidt			14. MOTHER'S MAIDEN NAME Anna Weisbach		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 497105573	17. INFORMANT VA HOSPITAL RECORDS, ST. LOUIS, MO.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) : BRONCHOPNEUMONIA					INTERVAL BETWEEN ONSET AND DEATH UNK
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CARCINOMA OF RECTUM WITH METASTASES					UNK
DUE TO (c) - - - - -					- - - - -
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a). - - - - -					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> NONE		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 154x			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
21. I attended the deceased from 4-9-57 to 5-16-57 and last saw him her alive on 5-16-57 . Death occurred at 6410 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE OF REGISTRAR W. D. Westphalinger			22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 5-17-57
23a. BURIAL, CREMATION, REMOVAL (State if)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county)	(State)	
Removal	5-17-57	St. Peter's	St. Louis Co. Mo.		
24. FUNERAL DIRECTOR Cullinane Bros. 3320 N. Kingshighway		25. DATE RECD. BY LOCAL REG. MAY 18 57	26. REGISTRAR'S SIGNATURE Earl Smith		
(Licensed Embalmer's Statement on Reverse Side)					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

W.D. Westphalinger

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 *Fred Frick*

Licensed Embalmer No. 3

P. O. Address... St. Louis

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