

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **46303**
11912

FILED DEC 19 1957

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 | |
| b. CITY (If outside corporate limits, write RURAL and give city or town) St. Louis | | c. CITY OR TOWN St. Louis, | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Chronic Hospital | | STREET ADDRESS (If rural, give location) 615 Walnut St. | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Emil b. (Middle) c. (Last) Schmidt. | | 4. DATE OF DEATH (Month) (Day) (Year) November 28, 1957 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, Single (Specify) | 8. DATE OF BIRTH 7-9-1869 |
| 9. AGE (In years last birthday) 88 | | 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) Unknown | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) / Wisconsin U.S.A. |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Louis Schmidt | |
| 13b. MOTHER'S MAIDEN NAME Rosa Nichols. | | 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) unknown | | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME Hospital Records ADDRESS 5600 Arsenal St. |
| 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia INTERVAL BETWEEN ONSET AND DEATH 6 days ANTECEDENT CAUSES DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 420.0 | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 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 29, 1954 , to November 28, 1957 , that I last saw the deceased alive on November 28, 1957 , and that death occurred at 9:45A m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE George M. Fenwick, M.D. (Degree or title) | | 23b. ADDRESS 5600 Arsenal | 23c. DATE SIGNED 11/30/57 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE 12-31-57 | 24c. NAME OF CEMETERY OR CREMATORY Anatomical Board | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. |
| DATE REC'D BY LOCAL REG. DEC 12 57 | REGISTRAR'S SIGNATURE Carl Smith M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE Rowland-Aker Mortuary Service ADDRESS 4104 Monhester Ave. St. Louis 10, Mo. | |

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..

Student.....
Signature of Student Embalmer

Signed.....

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.