

Health,
, & Welfare
S. Public
th Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

46306

STATE FILE NUMBER

12395

FILED JAN 13 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No.

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Alexian Brothers		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 4106 Concordia
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Philip G Schmitt			4. DATE OF DEATH Month Day Year Dec 23 1957			
---	--	--	---	--	--	--

5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 6, 1903	9. AGE (In years last birthday) 54	10. UNDER 1 YEAR Months Days	11. UNDER 24 HRS. Hours Min.
----------------	---------------------------	---	---------------------------------	---------------------------------------	---------------------------------	---------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) maintenance man	10b. KIND OF BUSINESS OR INDUSTRY printers union	11. BIRTHPLACE (City and state or country) Mattis, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
--	---	---	-------------------------------------

13a. FATHER'S NAME Michael Schmitt	13b. MOTHER'S MAIDEN NAME not known	14. NAME OF HUSBAND OR WIFE Helen
---------------------------------------	--	--------------------------------------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW-11	16. SOCIAL SECURITY NO.	17. INFORMANT Helen Schmitt	Address 4106 Concordia
---	-------------------------	--------------------------------	---------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary edema</i> DUE TO (b) <i>Chronic myocarditis</i> DUE TO (c) <i>Chronic</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i>
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 type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>422.2</i>
---	--

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 Death occurred at <i>October 6 57</i> to <i>Dec 23 57</i> and last saw him alive on <i>Dec 23, 57</i> <i>5:00 A.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE <i>Ray C. Higgins M.D.</i> (Degree or title)	22b. ADDRESS <i>7702 Loring Ave.</i>	22c. DATE SIGNED <i>12/24/57</i>
---	---	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE <i>12/26/57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Sunset Burial Park</i>	23d. LOCATION (City, town, or county) (State) <i>Affton, Mo.</i>
--	------------------------------	---	---

24. FUNERAL DIRECTOR <i>J L. Ziegenhein & Sons</i>	ADDRESS <i>7027 Graves</i>	25. DATE RECD. BY LOCAL REG. <i>DEC 24 57</i>	26. REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>
---	-------------------------------	--	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

No. 102
 St. Louis
 Alexian Brothers
 Dec 23 1957
 Michael Schmidt
 wife
 maintenance man
 USA
 not known
 Michael Schmidt
 Helen Schmidt
 St. Louis
 Alexian Brothers
 Dec 23 1957
 Michael Schmidt
 wife
 maintenance man
 USA
 not known
 Michael Schmidt
 Helen Schmidt
 St. Louis
 Alexian Brothers
 Dec 23 1957

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 *Donald E. Benz*

Licensed Embalmer No. *4863*
 P. O. Address *7027 Suro*

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.