Health, & Welfare Public Service

S. 300
. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

46880
STATE FILE NUMBER

FILED DEC 30 1957 Registration District No. 319 Primary Registration District No. 500 Registrar's No. 3214

1. PLACE OF DEATH
a. COUNTY ~~Ralls, Koch,~~ St Louis ~~Missouri~~
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Koch, ~~Missouri~~ — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Robt. Koch Hospital — Length of stay in Hospital 5 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY ~~St. Louis~~
c. CITY OR TOWN St. Louis, ~~Missouri~~ — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 4234 Lafayette — Reside on Farm Yes ☐ No X

29 179

3. NAME OF DECEASED (Type or print)	First	Middle	Last	4. DATE OF DEATH	Month	Day	Year
	James	W.	Schmidt		12	17	57

5. SEX	6. COLOR OR RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	X	6-16-83	74	6	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~Retired~~ Zoology
10b. KIND OF BUSINESS OR INDUSTRY: Zoologist
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Rudolph Schmidt
14. MOTHER'S MAIDEN NAME: Elizabeth Waring

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ——
16. SOCIAL SECURITY NO. 499-34-3998
17. INFORMANT: Records at Robert Koch Hospital — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Probable myocardial infarction	1 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Due to postoperative thrombophelebitis	1 month
DUE TO (c)	Due to diabetic gangrene of right lower extremity	6 months ?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Diabetes mellitus 260X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 12-12-57 to 12-17-57 and last saw ~~XXX~~ him alive on 12-17-57
Death occurred at 9:05 p.m. from the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Harold G. Russell (Degree or title) M.D.
22b. ADDRESS Robt. Koch Hosp., Koch, Mo.
22c. DATE SIGNED 12-18-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE 12/20/57
23c. NAME OF CEMETERY OR CREMATORY SS. Pater & Paul Cemetery
23d. LOCATION (City, town, or county) St. Louis (State) Mo.

24. FUNERAL DIRECTOR John H. Gebken Sons ADDRESS 2630 Gravois
25. DATE RECD. BY LOCAL REG. 12-19-57
26. REGISTRAR'S SIGNATURE Herbert R Donkel MD

(Licensed Embalmer's Statement on Reverse Side)

aso

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Robert T. Gebhem

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois A

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