

FILED JAN 13 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4041

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Creve Coeur</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Creve Coeur 4000</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1201 N. Lindberg Rd</u>		Length of stay in lb yrs <u>17</u>	d. STREET ADDRESS (If outside, give location) <u>1201 N. Lindberg Rd</u>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>CAROLINE</u> Middle <u>W.</u> Last <u>SCHMIDT</u>			4. DATE OF DEATH Month <u>Jan</u> Day <u>3</u> Year <u>1958</u>			
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	8. DATE OF BIRTH <u>May 7, 1886</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>August Steinmann</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Dolding</u>		14. NAME OF HUSBAND OR WIFE <u>William L. Schmidt</u>	
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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 Address <u>William Schmidt 1201 N. Lindberg Rd</u>			
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Pulmonary Edema</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1-2 hrs.</u>
DUE TO (b) <u>Arteriosclerotic Heart Disease</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <u>4200</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			

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.) _____		
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20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ p.m.	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			20f. CITY, TOWN, OR LOCATION _____	COUNTY _____	STATE _____
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21. I attended the deceased from <u>June 22, 1954</u> , to <u>Jan 3, 58</u> and last saw her alive on <u>Oct. 26, 1957</u> Death occurred at <u>12:30 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.				
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22a. SIGNATURE (Degree or title) <u>Robert S. Angles M.D.</u>	22b. ADDRESS <u>Creve Coeur, Mo.</u>	22c. DATE SIGNED <u>1/3/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Jan 6, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Bethlehem Cemetery</u>	23d. LOCATION (City, town, or county) <u>St. Louis County</u>	(State) <u>Mo.</u>
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25. FUNERAL DIRECTOR <u>C.R. Lupton and Sons</u>	ADDRESS <u>2233 Delmar</u>	24. DATE RECD. BY LOCAL REG. <u>Jan 6-1958</u>	26. REGISTRAR'S SIGNATURE <u>Herbert R. Donahue</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

12:30 - 2:30

*12:30 - 2:30*  
*12:30 - 2:30*

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 *Arnold W. Schoene* .....

Licensed Embalmer No. *3864* .....

P. O. Address *St. Louis, Mo.* .....

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.