

Health, Welfare
Public
Service

FILED APR 9 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-112274
STATE FILE NUMBER
3772

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3772**

300
-57
0

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		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin-Desloge Hosp		d. STREET ADDRESS (If outside, give location) 4643 Morganford Rd	
3. NAME OF DECEASED (Type or print) First CHARLES Middle G. Last SCHMIDT		4. DATE OF DEATH Month April Day 1 Year 1958	
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 Sept. 2, 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) sheet metal worker		10b. KIND OF BUSINESS OR INDUSTRY furnace	11. BIRTHPLACE (City and state or country) St. Louis, Mo
13a. FATHER'S NAME Robert C. Schmidt		14. NAME OF HUSBAND OR WIFE Ella Williams	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 493-01-6631	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pancreatic Carcinoma		INTERVAL BETWEEN ONSET AND DEATH 10 mo	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 157x	
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"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) /	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <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 February 26, 1958 to April 1, 1958 and last saw him alive on April 1, 1958 Death occurred at 3:25 A. m on the date stated above; and to the best of my knowledge from the causes stated.			
22. SIGNATURE Martin S. Motten M.D. (Degree or title)		22b. ADDRESS 634 N. Grand Blvd.	
22c. DATE SIGNED 4/3/58			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE Apr. 4, 1958	
23c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
24. FUNERAL DIRECTOR BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave		25. DATE RECD. BY LOCAL REG. APR 4 '58	
26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

State, County, etc. ind. use only standard form. All diseases in Part I must be causally related.

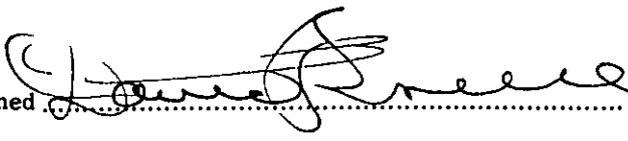
Dr. Martin G. Austin
634 No. Grand
JE 1 - 5521

11-1-1966
H. H. H.
JE 1 - 5521
4-6
6-3
1-3 Mc Elward
P. H. H.

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 St. Louis

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.