

FILED MAY 12 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016863
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1143

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brentwood		c. CITY OR TOWN Brentwood 4511	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8915 W. Pendleton		d. STREET ADDRESS (If outside, give location) 8915 W. Pendleton	
3. NAME OF DECEASED (Type or print) First GUS Middle F. Last SCHMIDT		4. DATE OF DEATH April 23, 1958	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-25-1893
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Inspector		9b. KIND OF BUSINESS OR INDUSTRY Railroad	9c. BIRTHPLACE (City and state or country) Okawville, Ill.
10a. FATHER'S NAME Charles Schmidt		10b. MOTHER'S MAIDEN NAME Unknown Nadler	
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. NAME OF HUSBAND OR WIFE Lyda Hogan Schmidt		14. SOCIAL SECURITY NO. UNKNOWN	
15. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis		16. INTERVAL BETWEEN ONSET AND DEATH 2 hr	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis general		estimated 10 yrs	
DUE TO (c) 4201		17. 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.)	
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.)	
21. I attended the deceased from 4/19/57 to 4/23/58 and last saw ^{her} him alive on 4/23/58 Death occurred at 8:15 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
22a. SIGNATURE (Degree or title) CH Bockelman M.D.		22b. ADDRESS 2615 Brentwood Blvd., Brentwood	
22c. DATE SIGNED 4-25-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 4-26-1958	
23c. NAME OF CEMETERY OR CREMATORY VALHALLA CEM		23d. LOCATION (City, town, or county) (State) ST. Louis Co Mo	
24. FUNERAL DIRECTOR JAY B. SMITH, Maplewood, Mo.		25. DATE RECD. BY LOCAL REG. 4-26-58	
26. REGISTRAR'S SIGNATURE Herbert R. Donke M.D.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *J. Allen Davis Jr.*
Licensed Embalmer No. *4053*
P. O. Address *Alb.*

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.