. Health,
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-030932
STATE FILE NUMBER

FILED AUG 28 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7546

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: City Hospital — Length of stay in 1b: D.O.A. 30/15

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri. b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 8214 Water St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Robert Middle: None Last: Schmidt
4. DATE OF DEATH: Month: Aug. Day: 2, Year: 1958.
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Jan. 28, 1928
9. AGE (In years last birthday): 30 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY: Laclede Gas Co.
11. BIRTHPLACE (City and state or country): Allingtown, Connecticut
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Walter Schmidt
13b. MOTHER'S MAIDEN NAME: Marian Chakoski
14. NAME OF HUSBAND OR WIFE: Celestia Schmidt.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 492-20-3769
17. INFORMANT: Celestia Schmidt Address: 8214 Water St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) 1.Fractured skull; 2. Brain damage;suffered in collision between pick-up truck operated by deceased and Missouri-
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Southern Coach Bus, operated by Edgar Ray Bay, at intersection of Broadway and Nagel,on Aug.2, 1958 at
DUE TO (c) about 6:12 P.M. ACCIDENT
INTERVAL BETWEEN ONSET AND DEATH
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 [X] NO [ ]

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) see above
20c. TIME OF INJURY Hour: 6:12 P. a.m. p.m. Month, Day, Year: 8/2/58
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): street
20f. CITY, TOWN, OR LOCATION: St. Louis, 000 COUNTY: STATE: Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 6:16 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: James M Kelly (Degree or title) Deputy Coroner
22b. ADDRESS: 3 1300 Clark
22c. DATE SIGNED: 8-4-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug. 6, 1958
23c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis (23) Mo.

24. FUNERAL DIRECTOR: Fendler Und.Co. ADDRESS: 7420 Michigan Ave. (11)
25. DATE RECD. BY LOCAL REG.: AUG 4 '58
26. REGISTRAR'S SIGNATURE: Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7420 Miche

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.