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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003478
STATE FILE NUMBER

FILED FEB 10 1959 Registration District No. _____ Primary Registration District No. _____ Registrar's No. 1042

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Saint Louis — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Missouri Baptist — Length of stay in 1b: 1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY:
c. CITY OR TOWN: Saint Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5225 Donovan — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Adolph — Middle: NMN — Last: Schmidt
4. DATE OF DEATH: Month: 1 — Day: 27 — Year: 1959
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 7-11-1891
9. AGE (In years last birthday): 67 — 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): Manufactures Rep.
10b. KIND OF BUSINESS OR INDUSTRY: Aluminum Products
11. BIRTHPLACE (City and state or country): Saint Louis, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Frank Schmidt
13b. MOTHER'S MAIDEN NAME: Sophia Quade
14. NAME OF HUSBAND OR WIFE: Lillie C Schmidt
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.: —
17. INFORMANT: Lillie C Schmidt — Address: 5225 Donovan, St.Louis 9,Mo

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): Coronary sclerosis — INTERVAL BETWEEN ONSET AND DEATH: Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): 420.1
DUE TO (c):
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 ☐ 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 Death was instantaneous (Patient I saw since 1950 on) and last saw him alive on 1-5-59
Death occurred at 12:10 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Ralph Bergh (Degree or title) O
22b. ADDRESS: 3203 S Grand
22c. DATE SIGNED: 1/29/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-30-1959
23c. NAME OF CEMETERY OR CREMATORY: Sunset Burial Park Cem
23d. LOCATION (City, town, or county) (State): St.Louis County, Missouri

24. FUNERAL DIRECTOR: Hoffmeister Colonial Mortuary — ADDRESS: 6464 Chippewa Street, St.Louis 9,Missouri (Licensed Embalmer's Statement on Reverse Side)
25. DATE RECD. BY LOCAL REG.: JAN 29 '59
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Lewis C. Hoffman

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broo

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.