

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-007612  
STATE FILE NUMBER  
2-1855  
Registration No.

FILED MAR 10 1959

Registration District No. Primary Registration District No.

300  
-57

4

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>7</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis, Mo.</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St. Louis</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Louis City Hosp. # 1</i>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <i>2023 Destrehan</i>
3. NAME OF DECEASED (Type or print) First <i>JOHN</i> Middle <i>T.</i> Last <i>SCHMIED</i>			4. DATE OF DEATH Month <i>Feb.</i> Day <i>20,</i> Year <i>1959</i>
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>4-9-1887</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Truck Driver</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Retired</i>	9. AGE (In years last birthday) <i>71</i>
13a. FATHER'S NAME <i>Henry Schmied</i>		13b. MOTHER'S MAIDEN NAME <i>Seifert</i>	14. NAME OF HUSBAND OR WIFE <i>Maude M. Schmied</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>487-22-1675A</i>	17. INFORMANT Address <i>Maude M. Schmied - 2023 Destrehan</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Sub Arachnoid Hemorrhage</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Aneurysm Ant. Cerebral Artery</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Myocardial Infarct Septal</i>			INTERVAL BETWEEN ONSET AND DEATH
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.) <i>330x</i>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT WORK <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 <i>2/18/59</i> to <i>2/20/59</i> and last saw him alive on <i>2/20/59</i> Death occurred at <i>1:50 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Harold W. Gibbons, MD</i>		22b. ADDRESS <i>1515 Lafayette Ave.</i>	22c. DATE SIGNED <i>2/21/59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>2-23-1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park Cem</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis County Mo</i>
24. FUNERAL DIRECTOR ADDRESS <i>Edw Koch + Son - 3516 E. 14th</i>		25. DATE RECD. BY LOCAL REG. <i>FEB 21 '59</i>	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>

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 *V E Morris* .....

Licensed Embalmer No. *3360* .....

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.