

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 20 1959

Registration District No. _____ Primary Registration District No. _____ Registrar No. **2334**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY <i>Franklin</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND ST. LOUIS, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SULLIVAN <i>0361</i> c
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADI. HOSPITAL		Length of stay in 1b 3 DAYS	d. STREET ADDRESS (If outside, give location) 26 E. EUCLID
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM E. SCHMIDT		4. DATE OF DEATH Month Day Year 3/6/59	
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 3-20-96
10a. USUAL OCCUPATION (Give kind of work done Service Station Oper.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ELMONT, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME OTTO SCHMIDT	
13b. MOTHER'S MAIDEN NAME ALVINA BUSSEKA		14. NAME OF HUSBAND OR WIFE AGNES M. SCHMIDT	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <input checked="" type="checkbox"/> or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. 496380631	17. INFORMANT Address VAH RECORDS 915 N. GRAND ST. LOUIS, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION			INTERVAL BETWEEN ONSET AND DEATH HOURS
DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE			5 YEARS
DUE TO (c) GENERALIZED ARTERIOSCLEROSIS <i>420.0</i>			8 YEARS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1) DIABETES MELLITUS 2) Staphylococcal abscess of right toe with cellulitis of right leg.			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> NONE		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 WORK? <input type="checkbox"/> NOT WHILE WORKING <input checked="" 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 3/3/59 to 3/6/59 and last saw him drive on 3/6/59 Death occurred at 5:50 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) VERNER A. WAITE, M.D. <i>Verner A. Waite</i>		22b. ADDRESS VAH ST. LOUIS, MISSOURI	22c. DATE SIGNED 3/6/59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 3-9-59	23c. NAME OF CEMETERY OR CREMATORY Schmidt Cemetery
23d. LOCATION (City, town, or county) R.R. #1 Sullivan, Mo.		(State)	
24. FUNERAL DIRECTOR H.M. Eaton		ADDRESS Sullivan, Mo.	25. DATE RECD. BY LOCAL REG. MAR 6 '59
26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i> m8B			

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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1959 JUN 5

JUN 29 1959

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.

Not Embalmed

Student
Signature of Student Embalmer

Signed *Harrison N. Eaton*

Licensed Embalmer No.....

P. O. Address

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.