URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-042469

FILED VS DEC 7 1959

ENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 9765 STATE FILE NUMBER

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Clayton
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 8061 Daytona
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First WILLIAM Middle O.L. Last SCHMIDT
4. DATE OF DEATH: Month Oct. Day 23, Year 1959
5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Oct 29, 1884
9. AGE (last birthday): 74
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Investments -
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Louis Schmidt
13b. MOTHER'S MAIDEN NAME: Caroline Blanke
14. NAME OF HUSBAND OR WIFE: Edith Niedringhaus Schmidt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: Yes
17. INFORMANT: Edith N. Schmidt, 8061 Daytona Drive, Clayton, 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): Acute myodardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart disease
DUE TO (c): 420.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Cystitis, prostatitis and urinary retention
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
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 1957 to 23 Oct 1959 and last saw him alive on 23 Oct 1959
Death occurred at 7:10 P m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Hugh R. Wallis M.D.
22b. ADDRESS: 600 Union Blvd. St. Louis 8
22c. DATE SIGNED: 10/24/59
23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: Oct 26, 1959
23c. NAME OF CEMETERY OR CREMATORY: Bellefontaine Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis, Missouri
24. FUNERAL DIRECTOR: C.R. Lupton and Sons
ADDRESS: 7233 Delmar Blv'd.
25. DATE RECD. BY LOCAL REG.: OCT 26 1959
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. S.P.
(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by n

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Clarence H Murray

Licensed Embalmer No. 4[illegible]

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.