

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 21 1959

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211157

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO</i> b. COUNTY				
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS, MO</i>		Length of stay in 1b <i>2YR-5MO</i>		c. CITY OR TOWN <i>ST. LOUIS</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>3127 LOCUST ST. ALCAZAR HOME</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) <i>3127 LOCUST ST.</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>HERMAN EDWARD SCHMIDT</i>				4. DATE OF DEATH Month Day Year <i>12-1-59</i>				
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</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>8-20-1874</i>	9. AGE (last birthday) <i>85</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>MAINTENANCE MAN</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>BROWN SHOE</i>		11. BIRTHPLACE (City and state or country) <i>BERLIN, GERMANY</i>		12. CITIZEN OF WHAT COUNTRY <i>U. S. A.</i>		
13a. FATHER'S NAME <i>JOHN SCHMIDT</i>			13b. MOTHER'S MAIDEN NAME <i>ANN KIVONIN</i>		14. NAME OF HUSBAND OR WIFE <i>CAROLINE SCHMIDT</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT Address <i>MRS. E. FIEDELER 7922 MARTYS</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>Strangulation due to hanging</i> DUE TO (b) <i>974*</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							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) <i>Man choked</i>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature and injury in PART I or PART II of injury) <i>Man choked at 3127 Locust St on Dec 1st 1959. While suffering from temporary mental aberration</i>						
20c. TIME OF INJURY Hour a.m. p.m. <i>12:15</i>	Month, Day, Year <i>12-1-59</i>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) <i>Hotel</i>		20f. CITY, TOWN, OR LOCATION <i>St Louis Mo</i>		20e. COUNTY STATE		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>								
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <i>920 A</i> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>Patrick Taylor Carver</i>				22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>12-2-59</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>	23b. DATE <i>12-4-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>SUNSET BURIAL PARK</i>		23d. LOCATION (City, town, or county) (State) <i>ST. LOUIS COUNTY, MO</i>				
24. FUNERAL DIRECTOR <i>HOWARD H. MICHEL 5930 SOUTHWEST</i>			ADDRESS		25. DATE RECD. BY LOCAL REG. <i>DEC 2 1959</i>	26. REGISTRAR'S SIGNATURE <i>Carl Smith, M.D.</i>		

DOCUMENT

MEDICAL CERTIFICATION

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W 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.