

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033292

FILED VS SEP 7 1960 317

Registration District No. _____ Primary Registration District No. 590 Registrar's No. 2436

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Wellston</i>		Length of stay in 1b <i>8 years</i>	c. CITY OR TOWN <i>Wellston</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>6147 Gambleton Pl.</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>6147 Gambleton Pl.</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Nicholas Schmiederer</i>			4. DATE OF DEATH Month Day Year <i>August 14, 1960</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>8/9/83</i>	9. AGE (last birthday) <i>77</i>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Retired</i>	11. BIRTHPLACE (City and state or country) <i>River Aux Vases Mo</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Lawrence Schmiederer</i>		13b. MOTHER'S MAIDEN NAME <i>Crescentia Duffner</i>		14. NAME OF HUSBAND OR WIFE <i>Caroline Schmiederer</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>Miss Elizabeth Schmiederer Gambleton Pl 6147</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>arterio sclerotic heart disease</i>					INTERVAL BETWEEN ONSET AND DEATH <i>2 YRS.</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				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 type="checkbox"/>	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.)				
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year						
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>July 1, 1958</i> to <i>Aug 14 1960</i> and last saw her alive on <i>Aug 14, 1960</i> Death occurred at <i>11:15 a.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Deceased or title) <i>Nicholas Schmiederer M.D.</i>			22b. ADDRESS <i>2100 Haddon St.</i>		22c. DATE SIGNED <i>8/15/60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>Aug 15, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>SS Phillip & James Cemetery</i>		23d. LOCATION (City, town, or county) (Same) <i>River Aux Vases Missouri</i>		
24. FUNERAL DIRECTOR <i>Shepard Funeral Home 1167 Hamilton Ave</i>		ADDRESS	25. DATE RECD. BY LOCAL REG. <i>8-15-60</i>	26. REGISTRAR'S SIGNATURE <i>John C. Murphy M.D.</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

