

REGISTRATION DISTRICT NO. 317 Primary Registration District No. 500 Registrar's No. 2927 =60-037080 STATE FILE NUMBER

FILED VS OCT 10 1960

DED

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MEHLVILLE</u>		c. CITY OR TOWN <u>MEHLVILLE</u>	
Length of stay in 1b <u>35 YRS</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rt 8-Box 1759</u>		d. STREET ADDRESS (if outside, give location) <u>Rt 8-Box 1759 KELLER RL</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>CHARLES</u> Middle <u>FRED</u> Last <u>SCHMIDT</u>			4. DATE OF DEATH Month <u>OCT</u> - Day <u>4</u> - Year <u>1960</u>			
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>AUG-20-1895</u>	9. AGE (last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>15</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (City and state or country) <u>ST LOUIS MO</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>GEORGE SCHMIDT</u>	13b. MOTHER'S MAIDEN NAME <u>LOUISA WESTERMANN</u>	14. NAME OF HUSBAND OR WIFE <u>MARIE SCHMIDT</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NONE</u>	16. SOCIAL SECURITY NO. <u>488-44-5238</u>	17. INFORMANT <u>MARIE SCHMIDT</u> Address <u>Rt 8-Box 1759 MEHLVILLE MO</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>2 YRS</u>
IMMEDIATE CAUSE (a) <u>Coronary Thrombosis, acute</u>		
DUE TO (b) <u>arteriosclerotic heart disease</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour . Month, Day, Year a.m. p.m.
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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
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21. I attended the deceased from May 1959 to death and last saw him alive on 9-23-60  
Death occurred at 3 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Edward P Glynn, Md</u>	22b. ADDRESS <u>9730 E Hutton Rd.</u>	22c. DATE SIGNED <u>10-6-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>OCT-7-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>OLD ST JOHNS CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>MEHLVILLE MO</u>
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24. FUNERAL DIRECTOR ADDRESS <u>FEY FUNERAL HOME, MEHLVILLE MO</u>	25. DATE RECD. BY LOCAL REG. <u>10-6-60</u>	26. REGISTRAR'S SIGNATURE <u>John C. Murphy Md.</u>
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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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Herbert J. Lane

Licensed Embalmer No. 4800

P. O. Address Kirkwood

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.