

FILED MAY 4 1961 AMENDED 318 Primary Registration District No. 1003 Registrar's No. 3995 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE Mo COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 5 days	c. CITY OR TOWN Manchester
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 311 Woods Mill Rd. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM E. SCHMIDTBERGER			4. DATE OF DEATH Month Day Year APRIL 22 1961			
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 3-8-88	9. AGE (last birthday) 73	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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY self emp.	11. BIRTHPLACE (City and state or country) St. Louis Co., Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John Schmidberger		13b. MOTHER'S MAIDEN NAME Mary Litzsinger		14. NAME OF HUSBAND OR WIFE Marie Schmidtberger		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no	17. INFORMANT 311 Woods Mill Rd. Marie Schmidtberger Manchester Mo
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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: IMMEDIATE CAUSE (a) <i>Bronchogenic Carcinoma</i>		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 yrs
CONDITIONS, if any, which have ripple as above cause (b), stating the underlying cause last. DUE TO (b) <i>162.1 F.</i>		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Intertubercular fracture</i> <i>osteosclerotic heart disease (M)</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <i>Fall at home</i>
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year <i>4-17-61</i>

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.) <i>35 Home</i>	20f. CITY, TOWN, OR LOCATION <i>Manchester</i>	COUNTY <i>St. Louis</i>	STATE <i>Mo.</i>
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21. I attended the deceased from <i>March 1956</i> to <i>April 1961</i> and last saw him alive on <i>4/22/61</i> Death occurred at <i>9:00 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <i>H.C. McMurphy M.D.</i>	22b. ADDRESS <i>Manchester, Mo</i>	22c. DATE SIGNED <i>4/24/61</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>4-25-61</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Laurel Hill Gardens</i>	23d. LOCATION (City, town, or county) <i>St. Louis Co., Mo.</i>	(State)
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24. FUNERAL DIRECTOR <i>Schrader Funeral Home Ballwin, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>APR 25 1961</i>	26. REGISTRARS SIGNATURE <i>Earl Smith, M.D.</i>
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DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

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 Richard Bopp

Licensed Embalmer No. 4584

P. O. Address Bellwin, Mo.

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.