

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4649

AMENDED

FILED JUN 2 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Charles		c. CITY OR TOWN Rt. 1, O'Fallon		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Highway N				Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ALBERT Middle F. Last SCHMIDTBERGER						4. DATE OF DEATH Month MAY Day 16 Year 1961					
5. SEX M		6. COLOR OR RACE W		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6/14/1897		9. AGE (last birthday) 63		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Own farm		11. BIRTHPLACE (City and state or country) St. Louis Co., Mo.		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME John Schmidtberger				13b. MOTHER'S MAIDEN NAME Mary Litzsinger				14. NAME OF HUSBAND OR WIFE Minnie 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 Address Minnie Schmidtberger, O'Fallon, Mo							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SHOCK AND CARDIOPULMONARY COLLAPSE										INTERVAL BETWEEN ONSET AND DEATH 5 HOURS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) MELANO-CARCINOMA, RIGHT PAROTID GLAND, WITH METASTASES										15 MONTHS	
DUE TO (c) 142.0											
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 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.)							
20c. TIME OF INJURY		Hour 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 APRIL 26, 1961 to MAY 16, 1961 and last saw her/him alive on MAY 16, 1961						Death occurred at 12:45 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>C. S. Hamilton, M.D.</i>						22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 5/16/61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/18/61		23c. NAME OF CEMETERY OR CREMATORY Hiram Cem.		23d. LOCATION (City, town, or county) Creve Coeur, Mo.					
24. FUNERAL DIRECTOR ADDRESS Schrader Funeral Home, Ballwin, Mo.						25. DATE RECD. BY LOCAL REG. MAY 17 1961		26. REGISTRAR'S SIGNATURE <i>Leon Smith, M.D.</i>			

STATE OF MICHIGAN

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 M. Popp

Licensed Embalmer No. 4584

P. O. Address Bellvue, 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.