

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-51-043212

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3294

STATE FILE NUMBER

FILED NOV 30 1961

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>CLAYTON</u>		Length of stay in 1b <u>8 DAYS</u>	c. CITY OR TOWN <u>KIRKWOOD</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST LOUIS COUNTY HOSPITAL</u>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>10605 HIWAY 66</u>
3. NAME OF DECEASED (Type or print) First <u>Ida</u> Middle <u>K.</u> Last <u>Schmidt</u>			4. DATE OF DEATH Month <u>11</u> Day <u>19</u> Year <u>61</u>
5. SEX <u>FEMALE</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>JUNE-16-1895</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	9. AGE (last birthday) <u>66</u>
11. BIRTHPLACE (City and state or country) <u>ST LOUIS MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>FRED HUNKLER</u>		13b. MOTHER'S MAIDEN NAME <u>MATHILDA RICHARD</u>	14. NAME OF HUSBAND OR WIFE <u>CARL SCHMIDT</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NIL</u>	17. INFORMANT <u>CARL SCHMIDT</u> Address <u>10605 HIWAY 66 ST LOUIS 37 MO</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) acute hepatitis superimposed on

Conditions, if any, which gave rise to above cause (a); stating the underlying cause last. DUE TO (b) Diffuse hepatic cirrhosis-chronic.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition shown in PART I (a) Bronchopneumonia

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

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 a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

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 11-10-61 to 11-19-61 and last saw her him alive on 11-19-61

Death occurred at 2:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) Albert L. Howe M.D. 22b. ADDRESS 601 So. Brentwood Clayton 5, Mo. 22c. DATE SIGNED 11/19/61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE NOV-22-61 23c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PARK 23d. LOCATION (City, town, or county) AFFTON MO

24. FUNERAL DIRECTOR Fey Funeral Home, MEHLVILLE, Mo ADDRESS 11-21-61 25. DATE RECD. BY LOCAL REG. 11-19-61 26. REGISTRAR'S SIGNATURE John G. Murphy M.D.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 Gustav W. Dietzle

Licensed Embalmer No. 4326

P. O. Address St Louis, 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.