

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009402

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 348

DO NOT WRITE ON THIS STUB

AMENDED

FEB 23 1962

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>ST Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Shrewsberry</u>		c. CITY OR TOWN <u>Shrewsberry</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>7614 Suffolk Ave</u>		d. STREET ADDRESS (If outside, give location) <u>7614 Suffolk Ave.</u>	
3. NAME OF DECEASED (Type or print) First <u>Elizabeth</u> Middle <u>Kiely</u> Last <u>Schmid</u>		4. DATE OF DEATH Month <u>January</u> Day <u>26</u> Year <u>1962</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</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>7-8-1914</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life or if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>
13a. FATHER'S NAME <u>Thomas Kiely</u>		13b. MOTHER'S MAIDEN NAME <u>Blanche Kern</u>	14. NAME OF HUSBAND OR WIFE <u>Raymond M. Schmid</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>-----</u>	
17. INFORMANT <u>Raymond Schmid 7614 Suffolk Ave.</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>metastatic carcinoma from to bones and lungs</u>			INTERVAL BETWEEN ONSET AND DEATH <u>18 mos.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Carcinoma of left breast</u>			<u>2 1/2 yrs.</u>
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 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 _____ 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 <u>April 1960</u> to <u>1-26-62</u> and last saw her/him alive on <u>1-25-62</u> Death occurred at <u>11:00 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Arthur K. Donnelly M.D.</u>		22b. ADDRESS <u>7500 Dorchester, 19</u>	22c. DATE SIGNED <u>1-27-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial Removal</u>	23b. DATE <u>1-29-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
24. FUNERAL DIRECTOR <u>Arthur J. Donnelly - 3840 Lindell</u>		25. DATE RECD. BY LOCAL REG. <u>1-27-62</u>	26. REGISTRAR'S SIGNATURE <u>John C. Murphy M.D.</u>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

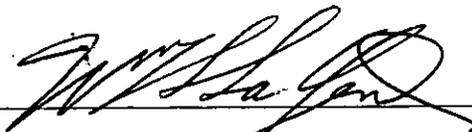
DATE AMENDED
 14040
 24040
 3
 4 1
 5 1
 6
 7 0
 8 2
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 11
 12 90-0
 13

USE BLACK INK OR TYPEWRITER RIBBON

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  _____

Licensed Embalmer No. 4699

P. O. Address 3840 Lindell

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.