

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021495

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1541 STATE FILE NUMBER

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. ~~FILED~~ **MAY 28 1962**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. COUNTY ST. LOUIS b. COUNTY ST. LOUIS

a. STATE MO. b. COUNTY ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KIRKWOOD Length of stay in 1b D.O.A.

c. CITY OR TOWN ELLISVILLE Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH Hosp Inside Limits Yes No d. STREET ADDRESS (If outside, give location) 110 COVERT LANE Residence on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last MARY CAROLINE SCHMIDT 4. DATE OF DEATH 5-20-62 Month Day Year

5. SEX F 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 5-2-1873 9. AGE (last birthday) 89 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK 10b. KIND OF BUSINESS OR INDUSTRY AT HOME 11. BIRTHPLACE (City and state or country) BALLWIN, MO. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME LOUIS SCHMIDT 13b. MOTHER'S MAIDEN NAME MARIA HITZINGER 14. NAME OF HUSBAND OR WIFE MARTIN H. SCHMIDT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT Emil Schmidt, Ellisville, Mo 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) CHRONIC CARDIOVASCULAR HEART DISEASE 5yrs WITH HYPERTENSION INTERVAL BETWEEN ONSET AND DEATH 5yrs

DUE TO (b) CANCER RIGHT BREAST 2yrs

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. 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 a.m. p.m. Month, Day, Year

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 1957 to parental and last saw her alive on 5-20-62 Death occurred at — on the date stated above, and to the best of my knowledge, from the causes stated.

21a. SIGNATURE [Signature] (Degree or title) 22b. ADDRESS 45235 Kings Highway 22c. DATE SIGNED 5/21/62 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 5-23-62 23c. NAME OF CEMETERY OR CREMATORY OUR REDEEMER 23d. LOCATION (City, town, or County) MACKENZIE ROAD,

24. FUNERAL DIRECTOR SCHARADER, BALLWIN, MO ADDRESS 25. DATE RECD. BY LOCAL REG. 5-22-62 26. REGISTRAR'S SIGNATURE [Signature]

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 Richard Bopp

Licensed Embalmer No. 4584

P. O. Address Ballwin, 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.