

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-049930

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **13045** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB
AMENDED

VS 300 Rev. 4/59	DATE AMENDED	
1	INSTEAD OF	DOCUMENT
2	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	BY AFFIDAVIT OF
3	90-0	SHOULD READ
4	90	ITEM NO.
5	90	SHOULD READ
6	90	ITEM NO.
7	90	SHOULD READ
8	90	ITEM NO.
9	90	SHOULD READ
10	90	ITEM NO.
11	90	SHOULD READ
12	90	ITEM NO.
13	90	SHOULD READ

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis		c. CITY OR TOWN St. Louis	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2019 S. 9th St		d. STREET ADDRESS (If outside, give location) 2019A S. 9th St.	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) PHILOMENA SCHMIDT		4. DATE OF DEATH Month Dec. Day 28 Year 1963	
First Middle Last		First Middle Last	
5. SEX Female	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 9/13/96
9. AGE (last birthday) 67		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) Elevator Starter		10b. KIND OF BUSINESS OR INDUSTRY International Bl.	11. BIRTHPLACE (City and state of country) Cape Girardeau Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Valentine Fischer	
13b. MOTHER'S MAIDEN NAME Elizabeth Feldhauer		14. NAME OF HUSBAND OR WIFE Edward J. Schmidt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Edward J. Schmidt 2019A S. 9th St.		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) Coronary Thrombosis DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) 420.0		INTERVAL BETWEEN ONSET AND DEATH 1 hr 10 min.	
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 checked="" 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 a.m. p.m.		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 1959 to Dec. 28, 1963 and last saw her alive on Sept 7, 1963 Death occurred at 9:00p m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John G. Matthew M.D.		22b. ADDRESS John G. Matthew M.D.	
22c. DATE SIGNED 12-30-63		22d. LOCATION (City, town, or county) (State) Jefferson Bks. Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Jan. 2 1964	23c. NAME OF CEMETERY OR CREMATORY National Cem.	
24. FUNERAL DIRECTOR ADDRESS Thomas Kutes 2906 Gravois		25. DATE RECD. BY LOCAL REG. DEC 31 1963	
26. REGISTRAR'S SIGNATURE Lead Smith. M.D.			

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 *Booby H. King*

Licensed Embalmer No. 486

P. O. Address St. Louis, Mo. 631

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.

*Mr John Matthews
3707 Watson
No 1 - 3886 -
Cremator to 84
Person from whom*