

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 38617
Registrar's No. 10538

Registration District No. 318

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis, Missouri.
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 5318² LANSDOWNE AVE
Memorial (If rural, give location)
(e) Citizen of foreign country? (Yes or No) (No)
If yes, name country

3. (a) PRINT FULL NAME EDWARD SCHMID
3. (b) If veteran, name war NONE
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 3rd
year 1948 hour 10 minute 30 P. M.
21. I hereby certify that I attended the deceased from Dec. 3rd 1948
to Dec. 3rd 1948
that I last saw him alive on Dec. 3rd 1948
and that death occurred on the date and hour stated above.

4. Sex M. (D) 5. Color or race W.
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ELLA
6. (c) Age of husband or wife if alive years 14
7. Birth date of deceased FEB 14 1873
(Month) (Day) (Year)

Immediate cause of death: Pneumonia, Rt. Lower Lobe
Due to: Psychosis, Cerebral Arteriosclerosis
Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations: 108
Of autopsy:

8. AGE: Years 75 Months 9 Days 19 If less than one day hr. min.

9. Birthplace ALTON ILL. 1
(City, town, or county) (State or foreign country)

10. Usual occupation TAILOR

11. Industry or business

MOTHER FATHER
12. Name FRANK SCHMID 4
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name CHRISTINA EBLE
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant ELLA SCHMID

(b) Address 5318² LANSDOWNE AVE.

17. (a) BURIAL (b) Date thereof 12-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S.S. PETER YPAUL CEM.

18. (a) Signature of funeral director KRIEGSHAUSER UND

(b) Address 4428 S. KINGSHIGHWAY
DEC 4 1948

19. (a) (Data received local registrar) (b) J. B. Sasser (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) W. J. O'Quinn (a) Means of injury D
23. Signature 1515 Lafayette 12/4/48 (If B. or other)
Address Date signed

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Richard N. Stovesand
Licensed Embalmer No. 4007
P. O. Address.....

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 this body is not embalmed, fact should be so stated above.