

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **41818**  
Registrar's No. **11316**

Registration District No. **318**

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.

(b) City or town St. Louis, Missouri.  
(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 3 days Memorial 1  
(Specify whether life)

In this community life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 1421 Hogan St.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME EDWARD SCHMIDT

3. (b) If veteran, --- 3. (c) Social Security No. OAA  
\*name war

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11th  
year 1948 hour 9 minute 00 P. M.

21. I hereby certify that I attended the deceased from 12/8/48  
\_\_\_\_\_ 19\_\_\_\_ to Dec. 11th 1948  
that I last saw h. im alive on Dec. 11th 1948  
and that death occurred on the date and hour stated above.

4. Sex 0 male 5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased October 24th ?  
(Month) (Day) (Year)

Immediate cause of death Arteriosclerotic Hypertensive Heart Disease Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions grad  
(Include pregnancy within 3 months of death)

8. AGE: abt Years 80 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

9. Birthplace unknown Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation OAA

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name Fred Schmidt 4

13. Birthplace Germany Un 4  
(City, town, or county) (State or foreign country)

14. Maiden name Lottie unknown

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant M. Renard

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? \_\_\_\_\_

(b) Address St. Louis City Hospital

17. (a) ~~Method of disposal~~ (b) Date thereof DEC 31 1948  
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary Cemetery

18. (a) Signature of funeral director Robert ...

(b) Address 4400 ...

19. (a) DEC 31 1948 (b) J. B. ...  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. J. ... 1415 Lafayette 10/12/48  
(Specify type of place) (Date signed)

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

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**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.....

Licensed Embalmer No.....

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.**