

FILED DEC 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39263

#105088

318

1003

State File No.

10351

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE				b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN) St. Louis, Mo. U				c. LENGTH OF STAY (in this place) U		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		17		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.				d. STREET ADDRESS (If rural, give location) 24-2800 OHIO				J		
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)		
		JOHN		SCHMIEDER				Nov. 30th, 1949		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JAN. 17, 1931		9. AGE (In years last birthday) 18		
								IF UNDER 1 YEAR Months 10		
								IF UNDER 4 HRS. Days 13		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY SCHULTZ PAPER CO.		11. BIRTHPLACE (State or foreign country) ST. LOUIS MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME WILLIAM E. SCHMIEDER			13b. MOTHER'S MAIDEN NAME CLARA PIETZ			14. NAME OF HUSBAND OR WIFE SALLY SCHMIEDER				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS WILLIAM SCHMIEDER 2800 OHIO						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH		
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Meningitis, pneumococcal						11-1-49		
		ANTECEDENT CAUSES								
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Brain Abscess								
		DUE TO (c) Chv-Ofatitis Medulla, etc						10 yrs		
		II. OTHER SIGNIFICANT CONDITIONS								
		Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		89				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 3911						
22. I hereby certify that I attended the deceased from 11/1/49, 19, to 11/30/49, 19, that I last saw the deceased alive on 11/30/49, 19, and that death occurred at 3:00 PM, from the causes and on the date stated above.										
23a. SIGNATURE Joseph E. J. Blodgett (Degree or title)				23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 11/30/49				
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC. 3, 1949		24c. NAME OF CEMETERY OR CREMATORY NEW ST. MARCUS		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO				
DATE REC'D BY LOCAL HEALTH DEPT. DEC 1		REGISTRAR'S SIGNATURE J. B. Hunter			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Maurice Kutis 2906 Charois					

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

**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 .....  
Student Embalmer

Signed \_\_\_\_\_

*Samuel C. Dill*

Licensed Embalmer No. \_\_\_\_\_

4347

P. O. Address \_\_\_\_\_

2901 *Lawrence*

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.