

S. No. 300
V. 10.48

FILED JUL 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22206

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1561

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION St Louis County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois
b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chester
d. STREET ADDRESS (If rural, give location) Mulberry

3. NAME OF DECEASED
a. (First) HARRY b. (Middle) _____ c. (Last) Schmidt
(Type or Print)

4. DATE OF DEATH (Month) (Day) (Year) 6 23 50
5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH 4-28-1885 9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman 10b. KIND OF BUSINESS OR INDUSTRY Drygoods 11. BIRTHPLACE (State or foreign country) Highland, Ill 12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Theodore Schmidt 13b. MOTHER'S MAIDEN NAME Emma Dortha 14. NAME OF HUSBAND OR WIFE Hilda

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME Hilda Schmidt ADDRESS Chester Ill

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) multiple body fractures & internal injuries - operating car which crashed head-on into a truck
ANTECEDENT CAUSES
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
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 NO)

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public Road 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Highway 66, Pacific St, Louis, Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6 23 50 m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? see above

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23. SIGNATURE Emad J. Willmann, Coroner (Degree or title) 23b. ADDRESS Coroner 23c. DATE SIGNED 6/26/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 6-24-50 24c. NAME OF CEMETERY OR CREMATORIUM Highland 24d. LOCATION (City, town, or county) (State) Highland Illinois

DATE REC'D BY LOCAL REG. 6-24-50 REGISTRAR'S SIGNATURE Herbert R. Womhe 25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service, Inc. ADDRESS _____

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

4002
V0

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Ronald O Yahnke

Licensed Embalmer No. 3917

P. O. Address St Louis 10 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 this body is not embalmed, fact should be so stated above.