

FILED JAN 18 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43796  
State File No. 10348  
Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Missouri b. COUNTY St. Louis |  |
| b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jennings 4138                                     |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hosp.                     |  | d. STREET ADDRESS (If rural, give location) 8324 Lucas & Hunt Rd. 1  |  |

|  |                        |  |                                |  |   |
|--|------------------------|--|--------------------------------|--|---|
| 3. NAME OF DECEASED<br>(Type or Print)   |                        |  | 4. DATE OF DEATH               |  |   |
| a. (First) Dora  | b. (Middle) L.         | c. (Last) Schmidt  | (Month) 12                     | (Day) 2  | (Year) 50   |
| 5. SEX Female  | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Oct. 25, 1876 | 9. AGE (In years last birthday) 74                         | 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) Home |                        | 10b. KIND OF BUSINESS OR INDUSTRY ---                          |                                | 11. BIRTHPLACE (State or foreign country) Vienna Austria 4 |   |
| 12. CITIZEN OF WHAT COUNTRY? USA   |                        |  |                                |  |   |

|  |  |                                   |  |   |  |
|--|--|-----------------------------------|--|---|--|
| 13a. FATHER'S NAME Unknown Krotsch   |  | 13b. MOTHER'S MAIDEN NAME Unknown |  | 14. NAME OF HUSBAND OR WIFE J. Louis Schmidt                                    |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No --- |  | 16. SOCIAL SECURITY NO. ---       |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS J. Louis Schmidt-8324 Lucas & Hunt Rd |  |

|   |   |  |   |
|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction  |  | INTERVAL BETWEEN ONSET AND DEATH 1 day                                |
|   | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary disease Unknown      |  |   |
|   | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pernicious anemia. Unknown |  |   |
| 19a. DATE OF OPERATION  | 19b. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) |
| 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 4201                  |

22. I hereby certify that I attended the deceased from Nov 15, 1950, to Dec 12, 1950, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 4:25 p. m., from the causes and on the date stated above.

|   |                            |   |
|---|----------------------------|---|
| 23a. SIGNATURE J. J. Fuller M.D. (Degree or title)                    | 23b. ADDRESS 2807 N. Grand | 23c. DATE SIGNED 12-5-50                              |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial                      | 24b. DATE 12/6/50          | 24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park |
| 24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri |                            |   |

|                                     |                                    |  |
|-------------------------------------|------------------------------------|--|
| DATE REC'D BY LOCAL REG. DEC 5 1950 | REGISTRAR'S SIGNATURE J. B. Santos | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wacker-Wilde 3634 Gravois |
|-------------------------------------|------------------------------------|--|

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed T. Robert Wheeler

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2128

P. O. Address St. Louis, 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.