

FILED JUL 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 25242
6378

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois				b. COUNTY Cook	
b. CITY OR TOWN Saint Louis		c. LENGTH OF STAY (in this place) 17 Days		c. CITY OR TOWN Chicago		8120			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital				d. STREET ADDRESS (If rural, give location) 739 W. Belmont Avenue				8	
3. NAME OF DECEASED (Type or Print) William			a. (First) _____			b. (Middle) _____			
c. (Last) Schmidt			4. DATE OF DEATH July 16th, 1951			5. SEX Male			
6. COLOR OR RACE White			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			8. DATE OF BIRTH August 17, 1897			
9. AGE (In years last birthday) 53			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) Mechanical Engineer			10b. KIND OF BUSINESS OR INDUSTRY Middleby Marshall Co.			11. BIRTHPLACE (State or foreign country) Saint Louis, Missouri			
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME August Schmidt			13b. MOTHER'S MAIDEN NAME Bertha Kunis			
14. NAME OF HUSBAND OR WIFE Clara Louise Schmidt nee Cook			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes			16. SOCIAL SECURITY NO. Unknown			
17. INFORMANT'S SIGNATURE OR NAME (Typed name) Clara Louise Schmidt, 739 W. Belmont, Chicago, Illinois			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephritis, Acute			INTERVAL BETWEEN ONSET AND DEATH 6 weeks			II. OTHER SIGNIFICANT CONDITIONS			
ANTECEDENT CAUSES			MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) Pneumonia, Bronchial			
DUE TO (c) _____			III. 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 checked="" 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) (Min.) _____			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 590X			
22. I hereby certify that I attended the deceased from July 1, 1951 , to July 16, 1951 , that I last saw the deceased alive on July 16, 1951 , and that death occurred at 12:01P m. , from the causes and on the date stated above.									
23a. SIGNATURE Alvah E. Henderson			23b. ADDRESS M.D. 508 W. Grand			23c. DATE SIGNED 7-17-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			24b. DATE 7/20/51			24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery			
24d. LOCATION (City, town, or county) (State) St. Louis, County, Missouri			25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Fents			ADDRESS 4828 Natural Bridge Blvd.			
DATE REG'D BY LOCAL REG. Jul 17 1951			REGISTRAR'S SIGNATURE J. B. Paster			ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING 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 John A. Melina.....

Licensed Embalmer No. 4186.....

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.