

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **27469**

FILED SEP 4 1951

BIRTH NO. _____ REG. DIST. NO. **162** PRIMARY REG. DIST. NO. **5594** Registrar's No. **63**

1. PLACE OF DEATH a. COUNTY Jefferson 0500		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) Rural-Meramec	c. LENGTH OF STAY (In this place) 16 days	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2149	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hill Infirmary		d. STREET ADDRESS (If rural, give location) 5747 Lindenwood	

3. NAME OF DECEASED (Type or Print) a. (First) STEPHAN b. (Middle) _____ c. (Last) SCHMIDT	4. DATE OF DEATH (Month) (Day) (Year) 8 20 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 3	8. DATE OF BIRTH 8-7-1862	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith	10b. KIND OF BUSINESS OR INDUSTRY Railroad Repair	11. BIRTHPLACE (State or foreign country) Hungary	12. CITIZEN OF WHAT COUNTRY? America
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Mary Hubach
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Bro. Gabriel, O.S.F.	ADDRESS St. Joseph's Hill
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac insufficiency		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis DUE TO (c) Generalized Arteriosclerosis		
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"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) TIME OF DEATH	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4:30 A.M.
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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?
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22. I hereby certify that I attended the deceased from **8/6/1951**, to **8/17/1951**, that I last saw the deceased alive on **8/17/1951**, and that death occurred at **4:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. Marder M.D.	23b. ADDRESS 4323 Roland Blvd. Normandy, Mo.	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/22/51	24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.	24d. LOCATION (City, town, or county) (State) St. Louis Mo
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DATE REC'D BY LOCAL REG. 8-25-51	REGISTRAR'S SIGNATURE Ruth Jirsa 438	25. FUNERAL DIRECTOR'S SIGNATURE Rudolph Koller 5967 20th Street St. Louis	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP
4 1951

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED 8-27-51

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.....

Robert M. Murray

Licensed Embalmer No. *33749*

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.)

4200 Washington Ave

If this body is not embalmed, fact should be so stated above.