

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **31826**
8299
Registrar's No. _____

FILED OCT 10 1951

318 **1003**

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2139</u>	
c. LENGTH OF STAY (in this place) <u>Mos. 8 Days</u>		d. STREET ADDRESS (If rural, give location) <u>13 5800 Arsenal St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Infirmary Hosp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dora</u>		b. (Middle) _____	
c. (Last) <u>Schmidt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 18, 1951.</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 31, 1877</u>
9. AGE (In years last birthday) <u>74</u>		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) <u>Patient - Inmate</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Germany</u> <u>4</u>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Julius Schuchardt</u>	
13b. MOTHER'S MAIDEN NAME <u>Amelia Sellman</u>		14. NAME OF HUSBAND OR WIFE <u>Emil J. Schmidt</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Emil J. Schmidt</u>		ADDRESS <u>3405 Chippewa</u>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 months +</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral arteriosclerosis</u>		
	ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>F34X</u>	

22. I hereby certify that I attended the deceased from May 10, **19** 51, **to** Sept. 18, **19** 51, **that I last saw the deceased alive on** Sept. 18, **1951,** **and that death occurred at** 6:50A.M., **from the causes and on the date stated above.**

23a. SIGNATURE <u>George M. Janaka, M.D.</u>		23b. ADDRESS <u>5600 Arsenal Street</u>		23c. DATE SIGNED <u>9/18/51.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 20, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Beiderwieden E. H. Inc.</u> ADDRESS <u>1936 St. Louis Ave.</u>			

DATE REC'D BY LOCAL REG. SEP 20 1951 **REGISTRAR'S SIGNATURE** J. Carl Smith **(Licensed Embalmer's Statement on Reverse Side)**

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

No. 300
10.48

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

Max L. Warfel

Licensed Embalmer No. *4170*

P. O. Address *1936 St Louis Ave*

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.