

FILED JAN 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 3286
Registrar's No. 0196

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 Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis,		c. LENGTH OF STAY (in this place) 2 Weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis		2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital				STREET ADDRESS (If rural, give location) 4407 Louisiana Ave			
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) _____		c. (Last) Schmidt		4. DATE OF DEATH (Month) (Day) (Year) January 4, 1952	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar 5 - 1892		9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) checker		10b. KIND OF BUSINESS OR INDUSTRY St. L. Terminal, W. H.		11. BIRTHPLACE (State or foreign country) Mo.		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Jacob Schmidt		13b. MOTHER'S MAIDEN NAME Caroline Bartz		14. NAME OF HUSBAND OR WIFE Pearl Schmidt			
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Schmidt Jr. 6811a. Michigan			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural hematoma compound fracture of left leg; suffered laceration of neck by automobile driven by one Esther Vaisel at intersection of Michigan and Matt streets about 6:00 pm. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ II. OTHER SIGNIFICANT CONDITIONS section of Michigan and Matt streets about 6:00 pm. Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Dec 22 1951 accident				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 22 51 6:00 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E. 8124 - 215			
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 9:20 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Daniel E. Taylor, Coroner				23b. ADDRESS 1300 Clark		23c. DATE SIGNED Jan 8 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan 9, 52		24c. NAME OF CEMETERY OR CREMATORY St. Trinity Cemetery		24d. LOCATION (City, town, or county) (State) Lemay Mo. bed suit II	
DATE REC'D BY LOCAL REG. JAN 8 1952		REGISTRAR'S SIGNATURE J. Earl Smith M 70		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fendler Und. Co. 7420 Michigan Av.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 *Dennis Williamson*

Licensed Embalmer No. *3565*

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.