

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

3287

0948

BIRTH NO. FILED FEB 14 1952		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					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Edwardsville, Ill. 8120					
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				d. STREET ADDRESS (If rural, give location) 222 So. Kansas avenue 8					
3. NAME OF DECEASED (Type or Print) a. (First) LEO			b. (Middle) JOHN		c. (Last) SCHMIDT		4. DATE OF DEATH (Month) (Day) (Year) 1 30 52		
5. SEX male 0		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married /		8. DATE OF BIRTH June 24, 1894		9. AGE (In years last birthday) 57	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) store keeper				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Illinois /		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph Schmidt			13b. MOTHER'S MAIDEN NAME Anna Bange			14. NAME OF HUSBAND OR WIFE Mayme Schmidt			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW#1			16. SOCIAL SECURITY NO. 361-09-9490		17. INFORMANT'S SIGNATURE OR NAME Mayme Schmidt, Edwardsville, Ill. ADDRESS				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC ARREST		ANTECEDENT CAUSES DUE TO (b) MYOCARDIAL INFARCTION <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>						10 min	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) CANCER OF TONGUE, RIGHT						3 DAYS	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								1 1/2 YEARS	
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? 4201H					
22. I hereby certify that I attended the deceased from 1/25, 1952 , to 1/30, 1952 , that I last saw the deceased alive on 1/30, 1952 , and that death occurred at 6:30a m., from the causes and on the date stated above.									
23a. SIGNATURE JR Bradley (Degree or title) M.D.				23b. ADDRESS BARNES HOSPITAL			23c. DATE SIGNED 1/30/52		
24a. BURIAL, CREMATION, REMOVAL (Specify) removal 5		24b. DATE Jan 30th 52		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Edwardsville, Ill.			
DATE REC'D BY LOCAL REG. JAN 31 1952		REGISTRAR'S SIGNATURE J. Carl Smith MD			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Straube, Edwardsville, Ill.				

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 1 1962

MAR 24 1962

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

Bentley

Licensed Embalmer No. 4366

P. O. Address. *Howe*

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.