

STANDARD CERTIFICATE OF DEATH

State File No. **18506**
Registrar's No. **4936**

FILED JUN 16 1952

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE b. COUNTY			
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 St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2115 Withnell				d. STREET ADDRESS (If rural, give location) 24 2115 Withnell			
3. NAME OF DECEASED (Type or Print) a. (First) Alfred		b. (Middle) O.		c. (Last) Schmidt & Smith		4. DATE OF DEATH (Month) (Day) (Year) May 28 1952	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 22 1873	
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet Maker		11. BIRTHPLACE (State or foreign country) Saxony, Germany		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Anna Going			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 488-07-1941		17. INFORMANT'S SIGNATURE OR NAME Mrs. Albert Schmidt			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral aneurysm hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>hypertrophied prostate</u>				INTERVAL BETWEEN ONSET AND DEATH 1 hour 20 years 4 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331X					
22. I hereby certify that I attended the deceased from <u>14 Feb</u> , 1952, to <u>28 May</u> , 1952, that I last saw the deceased alive on <u>12 May</u> , 1952, and that death occurred at <u>3:00P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank Mason</u>				23b. ADDRESS <u>4209 S Kingshighway</u>		23c. DATE SIGNED <u>28 May 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 29, 1952		24c. NAME OF CEMETERY OR CREMATORY Green Hill Cemetery		24d. LOCATION (City, town, or county) (State) Muskogee, Okla	
DATE REC'D BY LOCAL REG. MAY 29 1952		REGISTRAR'S SIGNATURE <u>Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE Beiderwieden F. H. Inc., 1936 St. Louis Av.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
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.