

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26298

State File No. 6998  
Registrar's No.

FILED JUL 31 1952

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) 3 WKS	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. ANTHONY HOSPITAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
		d. STREET ADDRESS (If rural, give location) 15 ST. MARY'S HIGH SCHOOL 4701 So. GRAND	

3. NAME OF DECEASED (Type or Print) a. (First) BROTHER JOSEPH b. (Middle) ANTHONY c. (Last) SCHMIDT			4. DATE OF DEATH (Month) (Day) (Year) JULY 19 1952		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH MARCH 14, 1919	9. AGE (In years last birthday) 33	10. UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BROTHER-TEACHER		10b. KIND OF BUSINESS OR INDUSTRY SOCIETY OF MARY		11. BIRTHPLACE (State or foreign country) ST. LOUIS, Mo. U	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME FRED SCHMIDT		13b. MOTHER'S MAIDEN NAME MARY BECKER	
14. NAME OF HUSBAND OR WIFE V		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. NONE	
17. INFORMANT'S SIGNATURE OR NAME BROTHER FRANK BRITZ		ADDRESS 4701 So. GRAND BLDG			

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism with Infection				INTERVAL BETWEEN ONSET AND DEATH 10 min	
		ANTECEDENT CAUSES DUE TO (b) Arteriosclerotic Heart Disease				2 years	
		DUE TO (c) Bilateral Pneumonia				19 days	
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? 4200			

22. I hereby certify that I attended the deceased from June 29, 1952 to July 19, 1952, that I last saw the deceased alive on July 18, 1952 and that death occurred at 7 A. M., from the causes and on the date stated above.

23a. SIGNATURE Robert P. Brennan M.D.		23b. ADDRESS 5417 South Grand		23c. DATE SIGNED 7-19-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JULY 22, 1952		24c. NAME OF CEMETERY OR CREMATORY MARY HURST CEMETERY	
		24d. LOCATION (City, town, or county) (State) KIRKWOOD Mo.			
DATE REC'D BY LOCAL REG. JUL 21 1952		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Wm J. Robert & W. Co.	
				ADDRESS 1905 So. GRAND BLDG.	

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Wearl E. Morris

Licensed Embalmer No. 3360

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.