

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30008

State File No.

FILED AUG 23 1952

| | | | | | | | | | |
|--|--|--|--|---|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 7444 | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri | | | | b. COUNTY Franklin | |
| b. CITY OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) 0 | | c. CITY OR TOWN Berger | | d. STREET ADDRESS i | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hosp. | | | | 4. DATE OF DEATH (Month) (Day) (Year) Aug. 1-1952 | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Otto | | b. (Middle) _____ | | c. (Last) Schmidt | | | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Dec. 1, 1868 | | | |
| 9. AGE (in years last birthday) 83 | | IF UNDER 1 YEAR Months _____ | | IF UNDER 1 YEAR Days _____ | | IF UNDER 24 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farmer | | 11. BIRTHPLACE (City and State or Foreign Country) Illinois | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13a. FATHER'S NAME Sebastin Schmidt | | | 13b. MOTHER'S MAIDEN NAME Unknown | | | 14. NAME OF HUSBAND OR WIFE Rose 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. None | | 17. INFORMANT'S SIGNATURE OR NAME Ralph Schmidt | | ADDRESS Berger, Missouri | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemiplegia, left arm and leg. | | | | INTERVAL BETWEEN ONSET AND DEATH 6 days | |
| | | | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombosis of lenticulo-striate artery, right DUE TO (c) Cerebral arteriosclerosis | | | | | |
| | | | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uremia | | | | | |
| 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) (Min.) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 334X | | | | | |
| 22. I hereby certify that I attended the deceased from 7-28 , 1952, to 8-1-52 , 19____, that I last saw the deceased alive on 8-1-52 , 19____, and that death occurred at 10:00 a. m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE Robert E. Koch (Degree or title) M.D. | | | | 23b. ADDRESS 35 N. Central, Clayton, Mo. | | 23c. DATE SIGNED 8-2-52 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 8-2-52 | | 24c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery | | 24d. LOCATION (City, town, or county) (State) Berger, Mo. | | | |
| DATE REC'D BY LOCAL REG. AUG 4 1952 | | REGISTRAR'S SIGNATURE J. Carl Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE Paul Blumer | | ADDRESS Funeral Home, Berger, Mo. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 20 1918

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 John S. Kennel

Licensed Embalmer No. 4194

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.