

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3721

FILED JAN 28 1953

State File No.

318

1003

Registrar's No. 0204

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS MO		c. LENGTH OF STAY (in this place) 3 WKS		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 2029	
d. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN Hospital			d. STREET ADDRESS (If rural, give location) 4945 QUINCY		
3. NAME OF DECEASED (Type or Print)		a. (First) ELIZABETH		b. (Middle) SCHMIDT	
c. (Last) SCHMIDT		4. DATE OF DEATH (Month) (Day) (Year) JAN. 6 1953			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH MAY 16 1877	9. AGE (In years last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIDOW		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) AUSTRIA HUNGARY	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME NICHOLAS GROSS		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE MATHIAS 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 FRANK SCHMIDT		ADDRESS 4945 QUINCY			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)			MEDICAL CERTIFICATION Myocardial infarct Coronary sclerosis
INTERVAL BETWEEN ONSET AND DEATH 1 year		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201	
22. I hereby certify that I attended the deceased from June 1952, to Jan 7, 1953, that I last saw the deceased alive on Jan 7, 1953, and that death occurred at 4:15 P. m., from the causes and on the date stated above.					
23a. SIGNATURE R. a. Neumann M.D.		(Degree or title)		23b. ADDRESS 3701 Grand St	
23c. DATE SIGNED 1-8-53		24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE JAN. 9 1953	
24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PK		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis 2906 Beavis	
DATE REC'D BY LOCAL REG. JAN 8 1953		REGISTRAR'S SIGNATURE Charles Smith M.D.		ADDRESS	

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Henry C. Hill

Licensed Embalmer No.

4347 91

P. O. Address

2906 Havana

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.