

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **19863**
5265

FILED JUN 10 1953

BIRTH NO. _____ 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 Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri	c. LENGTH OF STAY (In this place) 6 Days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital		d. STREET ADDRESS (If rural, give location) 2169 3541a Hartford	

3. NAME OF DECEASED (Type or Print) IDA		a. (First) _____	b. (Middle) _____	c. (Last) SCHMIDT	4. DATE OF DEATH (Month) (Day) (Year) MAY 25, 1953		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 22, 1874		9. AGE (In years last birthday) 78	# UNDER 1 YEAR Months _____ Days _____	# UNDER 6 MOS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Highland, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Fritz Pagan		13b. MOTHER'S MAIDEN NAME Anna Unger		14. NAME OF HUSBAND OR WIFE	
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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.	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Anna Wehrle, 406 S. Buchanan, Ill.			
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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.		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage into left kidney			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Hydronephrosis			
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 checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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? 601X	
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22. I hereby certify that I attended the deceased from 5-19-53, 19____, to 5-25-53, 19____, that I last saw the deceased alive on 5-25-53, 19____, and that death occurred at 12:05A., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Albert E. Stark MD		23b. ADDRESS 1515 Lafayette Avenue	23c. DATE SIGNED 5-25-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 27, 1953	24c. NAME OF CEMETERY OR CREMATORY St. Matthew's Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
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DATE REC'D BY LOCAL REG. MAY 26 1953	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS McLaughlin's, 2301 Lafayette, St. Louis, Mo		
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MAB (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING INK

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

J. G. Harris

Licensed Embalmer No. *3384*

P. O. Address *2301 Lafayette*

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.