

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41106**
Registrar's No. **11395**

FILED DEC 10 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **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) St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 5 yrs.		e. STREET ADDRESS (If rural, give location) 5600 Neosho	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5600 Neosho			

3. NAME OF DECEASED (Type or Print) a. (First) Sophia		b. (Middle) A.		c. (Last) Schmid		4. DATE OF DEATH (Month) (Day) (Year) Dec. 1, 1953	
5. SEX f	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 17, 1887		9. AGE (In years last birthday) 66 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____	
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) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME William Henry Lichtenberg		13b. MOTHER'S MAIDEN NAME Anna Gehring		14. NAME OF HUSBAND OR WIFE Edward C.	
--	--	--	--	---	--

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 ADDRESS Edward C. Schmid, 5600 Neosho, St. Louis 9	
---	--	--	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH WEEK OR MORE 29 YEARS WEEK
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL FAILURE		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIAL Hypertension DUE TO (c) UREMIA		
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) 422.1
--	--	---

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?
--	--	----------------------------

22. I hereby certify that I attended the deceased from **10-29, 1952**, to **11-30, 1953**, that I last saw the deceased alive on **11-30, 1953**, and that death occurred at **1:35 am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Eugene H. Strittmatter D.O.	23b. ADDRESS 8120 A Grayson St. Louis 23 Mo	23c. DATE SIGNED 12-1-53
--	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Dec. 3, 1953	24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
---	----------------------------------	--	--

DATE REC'D BY LOCAL REG. DEC 2 1953	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister Colonial mortuary, 6464 Chippewa St. St. Louis 9, Mo.
---	---	---

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

Dr. E. H. Strittmatter,
8120a Gravois

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.....
Signature of Student Embalmer

Signed *Linus C. Hoffmann*
.....

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broad*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.