

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3250**

**0624**

FILED FEB 2 1954 REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0624**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS 170</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MARION HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>23 2707 LEMP</b>	

3. NAME OF DECEASED (Type or Print) <b>FRANK - SCHMIDT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 19 1954</b>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>APRIL 25 1889</b>	9. AGE (In years last birthday) <b>64</b>	10. UNDER 1 YEAR	11. UNDER 1 HR.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MAINTENANCE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>BUSCH Brewery</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <b>ADAM SCHMIDT</b>	13b. MOTHER'S MAIDEN NAME <b>MARY SMITH</b>	14. NAME OF HUSBAND OR WIFE <b>DORA B. SCHMIDT</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <b>499-05-0933</b>	17. INFORMANT'S SIGNATURE OR NAME <b>DORA B. SCHMIDT</b>	ADDRESS <b>2707 LEMP</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Broncho-Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>several days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Adenocarcinoma,</b>		
	DUE TO (c)		
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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **Jan 18, 1954**, to **Jan 19, 1954**, that I last saw the deceased alive on **Jan 19, 1954**, and that death occurred at **9:35 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>L. S. Resnikoff</b>	(Degree or title)	23b. ADDRESS <b>3612 S. Jefferson</b>	23c. DATE SIGNED <b>Jan 20, 1954</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>JAN. 22 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>
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DATE REC'D BY LOCAL REG. <b>JAN 20 1954</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Kutie</b>	ADDRESS <b>2906 Lewis</b>
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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.....  
Signature of Student Embalmer

Signed.....  
*Thomas C. Hill*

Licensed Embalmer No.....  
434

P. O. Address.....  
2906 J

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.