

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 8 1954

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1813**

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 St. Louis, Mo.		c. CITY OR TOWN St. Louis	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital.		e. STREET ADDRESS 6067 Shulte Ave.	(If rural, give location) 207 1/2

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) c. (Last) Schmitt		4. DATE OF DEATH (Month) (Day) (Year) Feb. 24, 1954.	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 16, 1881
9. AGE (In years last birthday) 73.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bricklayer	11. BIRTHPLACE (City and State or Foreign Country) Ohio.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bricklayer		10b. KIND OF BUSINESS OR INDUSTRY Const.	12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Charles Schmitt		13b. MOTHER'S MAIDEN NAME unknown.		14. NAME OF HUSBAND OR WIFE Ellen Schmitt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No. Nil.		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Charles Schmitt, 6067 Shulte Ave.	

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.	MEDICAL CERTIFICATION		18. INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of prostate		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 177X	
22. I hereby certify that I attended the deceased from 1 Jan. 1952 , to 24 Feb. 1954 , that I last saw the deceased alive on 24 Feb. 1954 , and that death occurred at 6 P. m. , from the causes and on the date stated above.					

23a. SIGNATURE E. J. Purford, M.D.		23b. ADDRESS 958 Orcaide Bldg.		23c. DATE SIGNED 25 Feb 54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-27-54		24c. NAME OF CEMETERY OR CREMATORY Hirman Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, County, Missouri	
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DATE REC'D BY LOCAL REG. FEB 25 1954		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Harrigan-Sheahan		ADDRESS 4700 Washington.	
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(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.....
Signature of Student Embalmer

Signed..... *Paul G. Wachter*

Licensed Embalmer No. *47*

P. O. Address *St. Louis*

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.