

STANDARD CERTIFICATE OF DEATH

10412

State File No.

BIRTH NO. FILED MAR 19 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2408

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		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 20970	
c. LENGTH OF STAY (In this place) LIFE		d. STREET ADDRESS (If rural, give location) 4556 A CLARENCE-AV.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4556 A CLARENCE-AV.		9	

3. NAME OF DECEASED (Type or Print) a. (First) FREDERICK - WILLIAM - b. (Middle) c. (Last) SCHMIDT.		4. DATE OF DEATH (Month) (Day) (Year) MAR. 13TH 1954	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED.	8. DATE OF BIRTH FEB. 26TH 1880
9. AGE (In years last birthday) 74 YRS.		10. CITIZEN OF WHAT COUNTRY? U. S. A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY WEISENBORN-COAL-CO.	
11. BIRTHPLACE (State or foreign country) MISSOURI.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME FREDERICK W. SCHMIDT.		13b. MOTHER'S MAIDEN NAME BERNADINE-HUSSMANN		14. NAME OF HUSBAND OR WIFE ELIZABETH - SCHMIDT.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Elizabeth Schmidt, 4556 A Clarence	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <i>Fatal Regurgitation of Myocardium</i>		INTERVAL BETWEEN SET AND DEATH 3 hrs	

*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <i>Chronic nephritis</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<i>Atherosclerosis</i>		DUE TO (c) <i>Chronic nephritis</i>	
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 410X	

22. I hereby certify that I attended the deceased from *Jan 10* to *Mar 13*, 1954, that I last saw the deceased alive on *Mar 9*, 1954, and that death occurred at *10:30 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>E. J. Sheehey</i> (Degree or title)		23b. ADDRESS <i>1878 Madison</i>		23c. DATE SIGNED <i>3/14/54</i>	
24a. BURIAL CREMATION REMOVAL (Specify) BURIAL		24b. DATE MAR. 17TH 1954		24c. NAME OF CEMETERY OR CREMATORY CALVARY-CEMETERY.	
24d. LOCATION (City, town, or county) ST. LOUIS		24e. STATE MO.			

DATE REC'D BY LOCAL REG. MAR 16 1954		REGISTRAR'S SIGNATURE <i>Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Brookland Und. C. 1827-HOGAN-ST.</i>	
--------------------------------------	--	---	--	--	--

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 _____

Fred J. Larmer

Licensed Embalmer No. *4788*

P. O. Address *St. Louis, Mo*

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.