

FILED DEC 17 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42793

State File No. ....

11262

BIRTH NO. ....		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. ....	
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>2159</b>			
b. CITY OR TOWN <b>ST. LOUIS Mo</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>ST. LOUIS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4111 - NEBRASKA</b>				e. STREET ADDRESS (If rural, give location) <b>15 4111 - NEBRASKA</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>BARBARA</b> b. (Middle) <b>SCHMID</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>DEC. 9 1954</b>				
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>MAY 5 1868</b>	
9. AGE (In years last birthday) <b>86</b>		IF UNDER 1 YEAR Months		IF UNDER 1 HRS. Days		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>WILLIAM AGRICOLA</b>		13b. MOTHER'S MAIDEN NAME <b>MAGDALINA GRAFT</b>		14. NAME OF HUSBAND OR WIFE <b>JOSEPH SCHMID</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME & ADDRESS <b>AMELIA SCHMID 4111 - NEBRASKA</b>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>5 years</b>	
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)		21f. HOW DID INJURY OCCUR? <b>4200</b>	
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"/>					
22. I hereby certify that I attended the deceased from <b>Jan.</b> , 19 <b>47</b> , to <b>Dec. 9</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>Dec 9</b> , 19 <b>54</b> , and that death occurred at <b>2 P.</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Joseph A. Mueller M.D.</b>				23b. ADDRESS <b>5177 So. Grand</b>		23c. DATE SIGNED <b>12-10-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>DEC. 11 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ST. MATTHEW CEM</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS Mo</b>	
DATE REC'D BY LOCAL REG. <b>DEC 10 1954</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE & ADDRESS <b>Thomas Kutis 2906 Graciere</b>			

(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..... *Leaf Budde*  
Licensed Embalmer No. *398*  
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.