No. 300
10-48

FILED FEB 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3511

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 232

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALLWIN
c. LENGTH OF STAY (In this place): 4 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Reese-Rd,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALLWIN 4000
d. STREET ADDRESS (If rural, give location): Reese Rd 0

3. NAME OF DECEASED (Type or Print): a. (First) ROLLA b. (Middle) F c. (Last) SCHMIDT
4. DATE OF DEATH: (Month) 1 (Day) 28 (Year) 55
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Dec-26-1902
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months 1 Days 2 — IF UNDER 24 HRS.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MACHINIST
10b. KIND OF BUSINESS OR INDUSTRY: MACHINERY
11. BIRTHPLACE (State or foreign country): ST. LOUIS MO 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: FRANK - SCHMIDT
13b. MOTHER'S MAIDEN NAME: MAMIE - ZEISS
14. NAME OF HUSBAND OR WIFE: ESTHER - SCHMIDT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: ESTHER SCHMIDT - REESE-RD - BALLWIN MO

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of pancreas — INTERVAL BETWEEN ONSET AND DEATH: 1 year

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. Recent visual impairment — 6 mo.

19a. DATE OF OPERATION: none.
19b. MAJOR FINDINGS OF OPERATION: Biopsy refer above — 157X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-18-, 1955, *to* 1-28, 1955, *that I last saw the deceased alive on* 1-20, 1955, *and that death occurred at* 9:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title)
23b. ADDRESS: Eureka, Mo.
23c. DATE SIGNED: 1-28-55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 1-31-55
24c. NAME OF CEMETERY OR CREMATORY: ST. MARCUS CEM.
24d. LOCATION (City, town, or county) (State): ST. LOUIS CO. MO

DATE REC'D BY LOCAL REG.: 1-30-55
REGISTRAR'S SIGNATURE: Herbert R. Drake M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: JAY-B-SMITH-MAPLEWOOD-17-MO

52 (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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Stanley H. Dixon

Signed.....
Student Embalmer

Licensed Embalmer No. 4193

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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