

STANDARD CERTIFICATE OF DEATH

10156

State File No.

2692

Registrar's No.

FILED MAR 31 1955

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____					
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. LENGTH OF STAY (in this place) 45 Years		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarnate Word Hospital				e. STREET ADDRESS (If rural, give location) 4227a Sacramento Avenue, 15,				10			
3. NAME OF DECEASED (Type or Print) a. (First) IRENE			b. (Middle) D.		c. (Last) SCHMIDT		4. DATE OF DEATH (Month) (Day) (Year) March 24th, 1955				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 27th, 1889		9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) / Marine, Illinois			12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Sidney L. Smith			13b. MOTHER'S MAIDEN NAME Julia Dietz			14. NAME OF HUSBAND OR WIFE Charles E. Schmidt					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Charles E. Schmidt, 4227a Sacramento Ave.,				ADDRESS			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Poly cystic Kidney DUE TO (c) (Congenital) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 wks 10 yrs			
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? 7571					
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 Dec , 19 54 , to 3/24 , 19 55 , that I last saw the deceased alive on 3/24 , 19 55 and that death occurred at 1:30 P. , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) J. Michael M.D.				23b. ADDRESS 512 Olive			23c. DATE SIGNED 3/25/55				
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/28/55	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri						
DATE REC'D BY LOCAL REG. MAR 25 1955		REGISTRAR'S SIGNATURE Charles E. Schmidt M.D.		25. FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ		ADDRESS 4328 Natural Bridge Blvd., FUNERAL HOME, INC. St. Louis, 15, Mo.					

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Thomas 1109 am to 3:00 pm
Friday

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 *John A. Mlesina*.....
Licensed Embalmer No. 418

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.