

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 31 1955

State File No. 10157

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2370

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS MO</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5240 CHIPPEWA</u>		e. STREET ADDRESS (If rural, give location) <u>19 5240 CHIPPEWA</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LILLIE</u> b. (Middle) <u>SCHMIDT</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 13 1955</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>MAR. 20 1875</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	9. AGE (In years last birthday) <u>79</u>
10a. FATHER'S NAME <u>ANTHONY SCHMIDT</u>		10b. MOTHER'S MAIDEN NAME <u>MARY ANDERLI</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>SWITZERLAND</u>
11. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		12. SOCIAL SECURITY NO.	12. CITIZEN OF WHAT COUNTRY?
13. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		13. INFORMANT'S SIGNATURE OR NAME <u>WENDELL SCHMIDT</u> ADDRESS <u>1925 CHIPPEWA</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Infarct</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Chronic Nephritis and</u>	
DUE TO (c) <u>Chronic Arteriosclerosis</u>		6 Mo.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
14a. DATE OF OPERATION <u>no</u>	14b. MAJOR FINDINGS OF OPERATION		15. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
16a. ACCIDENT SUICIDE HOMICIDE (Specify)	16b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	16c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
16d. TIME OF INJURY (Month) (Day) (Year) (Hour)	16e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	16f. HOW DID INJURY OCCUR? <u>4251</u>	
17. I hereby certify that I attended the deceased from <u>Mar. 6</u> , 1955, to <u>Mar. 13</u> , 1955, that I last saw the deceased alive on <u>Mar. 12</u> , 1955 and that death occurred at <u>11:00 p. m.</u> , from the causes and on the date stated above.			
18a. SIGNATURE <u>W. H. Walter M.D.</u> (Degree or title)		18b. ADDRESS <u>3608 S. Grand Blvd.</u>	18c. DATE SIGNED <u>3/14/55</u>
19a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	19b. DATE <u>MAR. 16 1955</u>	19c. NAME OF CEMETERY OR CREMATORY <u>SUNSET BURIAL PK</u>	19d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>
20. DATE REC'D BY LOCAL REGISTRY <u>MAR 15 1955</u>	21. REGISTRAR'S SIGNATURE <u>Carl Smith</u>	22. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Kutia 2906 Harris</u>	

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 *Leo J. Burke*
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.