

FILED MAR 18 1955

STANDARD CERTIFICATE OF DEATH

State File No. 10159

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1935

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

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 OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) DOA	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 Enroute City Hospital		STREET ADDRESS (If rural, give location) 6 5547 St. Louis, Ave. 2069	
3. NAME OF DECEASED (Type or Print) a. (First) Valentine b. (Middle) c. (Last) Schmidt		4. DATE OF DEATH (Month) (Day) (Year) Feb. 25, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 27, 1875
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoemaker		9b. KIND OF BUSINESS OR INDUSTRY Shoe Factory	9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoemaker		10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Valentine Schmidt		13b. MOTHER'S MAIDEN NAME Mary Ann Sauerwein	14. NAME OF HUSBAND OR WIFE Theresa Schmidt (Dcsd)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. Nil.		16. SOCIAL SECURITY NO. 494-10-7676	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marguerite Leuzinger, 1417 McCausland
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 1417 McCausland // INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic Heart		DUPLICATE	
ANTECEDENT CAUSES DUE TO (b) Disease		DUPLICATE	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE	
DUE TO (c)		DUPLICATE	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUPLICATE	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		DUPLICATE	
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)		DUPLICATE	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 4200		DUPLICATE	
22. I hereby certify that I attended the deceased from 190, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:30 P. m., from the causes and on the date stated above.			
23a. SIGNATURE Patrick J. Taylor Coroner		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 3.1.55		DUPLICATE	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-2-55	
24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.	
DATE REC'D BY LOCAL REG. MAR 1 1955		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.	

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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.....  
*W. O. Embalmer*  
Licensed Embalmer No.....  
*W. O. Embalmer*  
P. O. Address.....

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.