

FILED APR 21 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14193**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **544** Registrar's No. **791**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kirkwood</b>		c. CITY OR TOWN <b>Kirkwood, 22</b>	
c. LENGTH OF STAY (in this place) <b>11 days</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>46 Sellenriek Rd.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b> b. (Middle) <b>J.</b> c. (Last) <b>SCHEIDT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 5, 1955</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>May 11, 1877</b>			9. AGE (In years last birthday) <b>77</b> IF UNDER 1 YEAR: Months <b>10</b> Days <b>24</b> IF UNDER 1 HR. Hour <b>0</b> Min. <b>0</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired - Farmer</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis County, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Carl Scheidt</b>		13b. MOTHER'S MAIDEN NAME <b>Louisa Rott</b>		14. NAME OF HUSBAND OR WIFE <b>Ida H. Scheidt</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Ida H. Scheidt, 46 Sellenriek, Kirkwood</b>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of stomach with metaplasias</b>		II. OTHER SIGNIFICANT CONDITIONS <b>Bronchopneumonia Post-operative hemorrhage</b>			<b>3man</b>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>			
		DUE TO (c) <b>Bronchopneumonia Post-operative hemorrhage</b>			<b>4 days</b>

19a. DATE OF OPERATION <b>4-2-55</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of stomach</b>		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) <b>151X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **4-1, 1955**, to **4-5, 1955**, that I last saw the deceased alive on **4-5, 1955**, and that death occurred at **6:40 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Lloyd S. Polite, M.D.</b>		23b. ADDRESS <b>321 N. Kirkwood Rd. Kirkwood 22, Mo.</b>		23c. DATE SIGNED <b>4-6-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4/8/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Elm Lawn Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>4/6/55</b>		REGISTRAR'S SIGNATURE <b>Hebechth. Stombe, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Louis H. Popp, Dr. Kirkwood</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

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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..... *Felix Merand*.....

Licensed Embalmer No. *303*

P. O. Address *Katw...*

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.