

FILED FEB 27 1956

STANDARD CERTIFICATE OF DEATH

7180

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1003

State File No.

1274

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					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN				c. CITY OR TOWN		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				e. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) Joseph				b. (Middle) H		c. (Last) Schmidt			
4. DATE OF DEATH (Month) (Day) (Year)				5. SEX M					
6. COLOR OR RACE W				7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 25, 1888			
9. AGE (In years last birthday) 67				10. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Missouri			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Businessmann				12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME William Schmidt			13b. MOTHER'S MAIDEN NAME Mary Werner			14. NAME OF HUSBAND OR WIFE Mary Schmidt			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) Yes W. War #1		16. SOCIAL SECURITY NO. 487205174		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Schmidt 1434 Wachtel Ave.					
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) <i>Asterio sclerotic Heart disease</i> 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. <i>Diabetes Mellitus</i>				INTERVAL BETWEEN ONSET AND DEATH <i>6 years</i> <i>10 years</i>	
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)		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 <i>11/1</i> , 19 <i>51</i> , to <i>2-4</i> , 19 <i>56</i> , that I last saw the deceased alive on <i>2-3</i> , 19 <i>56</i> and that death occurred at <i>6 A.</i> m., from the causes and on the date stated above.									
23a. SIGNATURE <i>B. J. Mc Guire MD</i> (Degree or title)				23b. ADDRESS <i>16 Hampton Ridge Plaza</i>		23c. DATE SIGNED <i>2-6-56</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>2/7/56</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Sunset Burial Park</i>		24d. LOCATION (City, town, or county) (State) <i>Affton 23 Mo.</i>			
DATE REC'D BY LOCAL REG. FEB 6 1956		REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Fendler Und. Co. 7420 Michigan</i>					

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

Dr. B. J. McQuinn
16 Hampton Village

1-30 to 5 - today

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. G. Peterson*.....

Licensed Embalmer No. *376*

P. O. Address *7420 Mic*

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.