

FILED MAY 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15248

1003 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. Registrar's No. 4189

Health,
Welfare
Public
Service300
1-56

All diseases will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Res. 5817 Waterman		Length of stay in lb 63yrs 2 1/2	
3. NAME OF DECEASED (Type or print) First Middle Last Frederick Henry Schmidt		4. DATE OF DEATH Month Day Year May 1, 1957	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 4, 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor Maintenance Man Ludlow-Saylor Co.		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 64yrs
11. BIRTHPLACE (City and state or country) Chahokia, Ill.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Schmidt		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 498-01-2752	17. INFORMANT Address Mrs. Esther Schmidt 5817 Waterman
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>General Carcinomatosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Carcinoma of Larynx</u> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)			INTERVAL BETWEEN ONSET AND DEATH 2yrs 2yrs
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 16ix
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Feb 5, 1957, to May 1, 1957 and last saw him alive on Apr 30, 1957. Death occurred at 7:10 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) L. C. Welsh, M. D.		22b. ADDRESS 4030 Chouteau	22c. DATE SIGNED 5/1/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE May 2, 1957	23c. NAME OF CEMETERY OR CREMATORY Walnut Hill Cemetery	23d. LOCATION (City, town, or county) Belleville, Ill.
24. FUNERAL DIRECTOR ADDRESS Alexander & Sons, Inc. 6175 Delmar Blvd.		25. DATE RECD. BY LOCAL REG. MAY 2 '57	26. REGISTRAR'S SIGNATURE J. Carl Smith Mo mgo

(Licensed Embalmer's Statement on Reverse Side)

Dr. Herbert Welch
No. 7-Healrds Bldg
Je 3-9462

Dr. L. C. Welch
Chouteau Bldg 4030 Chouteau ave
Je 1-0382
T-114

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 *jos. e. McCulloch*
Licensed Embalmer No. *246*

P. O. Address *617 Bl*

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.