

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15249**

FILED APR 22 1957

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3034**

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 township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) 69 YRS		c. CITY OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION 26 ST. LOUIS CHRONIC HOSPITAL		e. STREET ADDRESS (If rural, give location) 3862 BATES ST.			
3. NAME OF DECEASED (Type or Print) REINHARDT JOSEPH SCHMIEDER			4. DATE OF DEATH (Month) (Day) (Year) MARCH 26, 1957		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JULY 17, 1887		9. AGE (In years last birthday) 69 if UNDER 1 YEAR Months 8 Days 9 if UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTENANCE MAN		10b. KIND OF BUSINESS OR INDUSTRY PUBLISHING		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME REINHARDT SCHMIEDER		13b. MOTHER'S MAIDEN NAME LOUISE FRERICKS	
14. NAME OF HUSBAND OR WIFE FRIEDA MOSS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			
16. SOCIAL SECURITY NO. 497-09-1698		17. INFORMANT'S SIGNATURE OR NAME ADDRESS A EARL L. SCHMIEDER 5015 ULENA ST.			
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, asthma, etc. It means the disease, injury, or complication which caused death.					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Colon; Generalized Arterio Sclerosis					INTERVAL BETWEEN ONSET AND DEATH
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.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 153x			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:55A m. , from the causes and on the date stated above.					
23a. SIGNATURE <i>Detmer E. Zylke</i>		(Degree or title)		23b. ADDRESS 1300 Clark Ave	
23c. DATE SIGNED 3/28/57					
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE MARCH 29 1957		24c. NAME OF CEMETERY OR CREMATORY OUR REDEEMER CEMETERY	
24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO.					
DATE REC'D BY LOCAL REG. 3-28-57		REGISTRAR'S SIGNATURE <i>Carl Smith MO</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDEN F.H. INC. ST. LOUIS, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 Delia J. Krupin
Licensed Embalmer No. 349
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.