

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 13 1958

46304
STATE FILE NUMBER
12500

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

S. 300
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 Missouri b. COUNTY | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN St. Louis | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL | | Length of stay in lb 9 Days | | d. STREET ADDRESS 2030 East Cano Avenue | |
| 3. NAME OF DECEASED (Type or print) First Henry Middle C. Last Schmidt HARRY CHRISTIAN SCHMIDT | | 4. DATE OF DEATH Month DECEMBER Day 25 Year 1957 | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH September 4, 1886 | 9. AGE (In years last birthday) 71 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Machinist | | 10b. KIND OF BUSINESS OR INDUSTRY Anheuser-Busch Brewery | | 11. BIRTHPLACE (City and state or country) St. Louis, Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Christian Schmidt | | 13b. MOTHER'S MAIDEN NAME Rebecca Horn | |
| 14. NAME OF HUSBAND OR WIFE Deceased | | 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. 493-10-8284 | |
| 17. INFORMANT Miss Ruth Schmidt | | Address 2030 East Cano Avenue | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL VASCULAR THROMBOSIS | | | | INTERVAL BETWEEN ONSET AND DEATH 12 HOURS | |
| Conditions, if any, which gave rise to above cause (a), storing the underlying cause last. DUE TO (b) CONGESTIVE HEART FAILURE | | | | 5 YEARS | |
| DUE TO (c) GENERALIZED ARTERIOSCLEROSIS | | | | 332x 30 YEARS | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ESOPHAGEAL VARICES 2 YEARS LAENNEC'S CIRRHOSIS 20 YEARS | | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT <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 DEC. 16, 1957 to DEC. 25, 1957 and last saw ^{her} _{him} alive on DEC. 25, 1957 Death occurred at 10:15 P.M. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <i>C. Vermillion, M.D.</i> | | (Degree or title) M. D. | | 22b. ADDRESS BARNES HOSPITAL | |
| 22c. DATE SIGNED 12/26/57 | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Dec. 30, 1957 | | 23c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery | |
| 23d. LOCATION (City, town, or county) St. Louis, Missouri | | (State) | | | |
| 24. FUNERAL DIRECTOR Math Hermann & Son, Inc. | | ADDRESS 2161 E. Fair | | 25. DATE RECD. BY LOCAL REG. DEC 27 57 | |
| 26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i> | | | | | |

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. J. Burnley*
Licensed Embalmer No. *4309*
P. O. Address *R. H. Brown*

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.