

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007778
STATE FILE NUMBER

FILED FEB 28 1958

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. _____

1625

300
-57

| | | | | | | |
|--|-----------------------------------|---|---|---|---|--|
| 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 | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bethesda Hospital | | Length of stay in 1b 3-days | d. STREET ADDRESS (If outside, give location) 5009 Alexander | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Oscar Middle Schmidt Last | | | 4. DATE OF DEATH Month Feb. Day 9, Year 1958 | | | |
| 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 Mar. 15, 1882 | 9. AGE (In years last birthday) 75 | IF UNDER 1 YEAR Months _____ Days _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (retired) Custodian | | 10b. KIND OF BUSINESS OR INDUSTRY U.S. Post Office | 11. BIRTHPLACE (City and state or country) Brooklyn, N.Y. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 13a. FATHER'S NAME David Schmidt | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Blanche Schmidt | | |
| 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. None | 17. INFORMANT Address Mrs. Elsie Adams-5009 Alexander | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bleeding Peptic Ulcer | | | | | INTERVAL BETWEEN ONSET AND DEATH 4 days | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 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.) | | | |
| 20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____ | | | | | | |
| 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 6 Feb 58 to 9 Feb 58 and last saw ^{her} him alive on 10 Feb 58 Death occurred at 8:15 A. m of the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | |
| 22a. SIGNATURE Frank Neese | | (Degree or title) M.D. | 22b. ADDRESS 4209 S Kingshighway | 22c. DATE SIGNED 11 Feb 58 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation | 23b. DATE Feb. 12, 1958 | 23c. NAME OF CEMETERY OR CREMATORY Missouri Crematory | 23d. LOCATION (City, town, or county) St. Louis, | | (State) Missouri | |
| 24. FUNERAL DIRECTOR WACKER-HELDERLE-3634 Gravois Ave. | | ADDRESS | 25. DATE RECD. BY LOCAL REG. FEB 11 '58 | 26. REGISTRAR'S SIGNATURE Carl Smith MD | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Robert C. Wheeler*

Licensed Embalmer No. *2128*
P. O. Address *Stam. Mo.*

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.