

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022475

STATE FILE NUMBER

FILED JUN 30 1958

Registration District No. 179

Primary Registration District No. 5667

Registrar's No. 136

300
1-57
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1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bedford (Twp)		c. CITY OR TOWN Callaway (TWP)	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lincoln Co. Hosp.		d. STREET OR ADDRESS Mills Road	
Length of stay in lb 17 days		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Laura Middle Elise Last Schmidt			4. DATE OF DEATH Month 6 Day 17 Year 58			
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5. SEX White / Female	6. COLOR OR RACE Female	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 16, 1891	9. AGE (In years at birthday) 66	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) St. Charles Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Fritz Kasten	13b. MOTHER'S MAIDEN NAME Louise Schemmer	14. NAME OF HUSBAND OR WIFE Emil Schmidt
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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. 493-42-7149B	17. INFORMANT Emil Schmidt	Address Foristell, Mo.
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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 Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 3 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis		
DUE TO (c) 331X		
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 type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour 3:35 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 Wentzville, Mo.	COUNTY Missouri	STATE
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21. I attended the deceased from May 30, 1958 to June 17, 1958 and last saw her/him alive on June 17, 1958 Death occurred at 3:35 PM on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE R. M. Keller (Degree or title) M.D.	22b. ADDRESS Wentzville, Mo.	22c. DATE SIGNED 6-18-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 20, 1958	23c. NAME OF CEMETERY OR CREMATORY E & R Cemetery	23d. LOCATION (City, town, or county) (State) Cappeln, Missouri
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24. FUNERAL DIRECTOR Morris Muschany, Wentzville, Mo	ADDRESS Wentzville, Mo	25. DATE RECD. BY LOCAL REG. 6-21-1958	26. REGISTRAR'S SIGNATURE Charlotte Leek Dep.
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Howard O. Kessler*

Licensed Embalmer No. *4631*

P. O. Address *Wentzville,*

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.