

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042206

STATE FILE NUMBER

NOV 18 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9761

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
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 Richmond Heights
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 119 Lake Forest

3. NAME OF DECEASED (Type or print) First MIDDLE Last EUGENE NMI SCHMID			4. DATE OF DEATH Month Day Year October 12th, 1958		
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5. SEX Male <input checked="" type="radio"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 27th, 1881	9. AGE (In years by birthday) 77	IF UNDER 1 YEAR Months 2	IF UNDER 24 HRS. Days 15	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wholesaler	10b. KIND OF BUSINESS OR INDUSTRY Merchant	11. BIRTHPLACE (City and state or country) St. Louis, Missouri <input checked="" type="radio"/>	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Alexander Schmid	13b. MOTHER'S MAIDEN NAME Mary Schneck	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None	16. SOCIAL SECURITY NO.	17. INFORMANT Miss Ida Schmid	Address 119 Lake Forest
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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) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Hypertensive Vasc. Dis.</u>	<u>10 yrs.</u>
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>331x</u>		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 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
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21. I attended the deceased from <u>Sept 1957</u> to <u>10-11-58</u> and last saw her alive on <u>10-11-58</u> Death occurred at <u>1:00 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Carl Smith M.D.</u> (Degree or title)	22b. ADDRESS 634 North Grand Avenue	22c. DATE SIGNED 10/13/1958
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23a. BURIAL, CREMATION, REMOVAL (Specify) Entombment	23b. DATE 10/13/1958	23c. NAME OF CEMETERY OR CREMATORY Valhalla Mausoleum	23d. LOCATION (City, town, or country) (State) 7600 St. Charles Rock Road
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24. FUNERAL DIRECTOR C. R. Lupton & Sons	ADDRESS 7233 Delmar Blvd.	25. DATE RECD. BY LOCAL REG. OCT 14 '58	26. REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

634 North Grand Avenue
Franklin 1-5754

Time: _____

Dr. KISSNER - Call for instructions →

8561 6 I ADM

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 *Clarence H. Murra*

Licensed Embalmer No. *4011*
P. O. Address *St. Louis 7*

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.