

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042211

STATE FILE NUMBER

8
FILED DEC 1 1958

Registration District No.

318

City Registration District No.

1003

Registrar's No.

11074

300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Indiana b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN 8/30 OR 8/31 Evansville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Length of stay in 1b 10 days	d. STREET ADDRESS (If outside, give location) 766 E. Columbia
3. NAME OF DECEASED (Type or print) First Middle Last EDMUND J. SCHMITT		4. DATE OF DEATH Month Day Year NOVEMBER 15, 1958	
5. SEX male ♂	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-31-1900
9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Inspector		10b. KIND OF BUSINESS OR INDUSTRY Chrysler Corp.	11. BIRTHPLACE (City and state or country) Evansville, Ind. / USA
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME George Schmitt	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME Catherine Langes	
14. NAME OF HUSBAND OR WIFE Florence Schmitt		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. 306-07-4831		17. INFORMANT Florence Schmitt, Evansville, Ind.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pylonephritis, Acute, with Septicemia DUE TO (b) Lower Nephron Nephrosis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 3 days 5 days
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 Nov. 5, 1958 to Nov. 15, 1958 and last saw her alive on Nov. 15, 1958 Death occurred at 8:15 PM m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE H.R. Bradley		22b. ADDRESS BARNES HOSPITAL	
22c. DATE SIGNED NOV 18 '58		22d. (Degree or title) M.D.	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 11-16-58	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Evansville, Ind.	
24. FUNERAL DIRECTOR Meyer, Evansville, Ind.		25. DATE RECD. BY LOCAL REG. NOV 18 '58	
26. REGISTRAR'S SIGNATURE J. Earl Smith M.D. M. J. B.			

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 *Flourance M. Billo*

Licensed Embalmer No. *4375*
P. O. Address *St. Charles, 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.