

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-046275

STATE FILE NUMBER

12713

JAN 12 1959

Registration District No.

318

Primary Registration District No.

1003

Registration No.

300  
1-57

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		c. CITY: OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1828 S. 8th St		d. STREET ADDRESS (If outside, give location) 1828 S 8th St	
3. NAME OF DECEASED (Type or print) First Middle Last Charles J. Schmitt		4. DATE OF DEATH Month Day Year 12-30-58	
5. SEX Male o	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 1-19-1868
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard		10b. KIND OF BUSINESS OR INDUSTRY City Jail	11. BIRTHPLACE (City and state or country) St. Louis o
13a. FATHER'S NAME Joseph Schmitt		13b. MOTHER'S MAIDEN NAME Francius Jacobberger	14. NAME OF HUSBAND OR WIFE Schmitt Anna Richardson
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.	17. INFORMANT Mrs. Anna R. Schmitt 1828 S. 8th St.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) MITRAL STENOSIS DUE TO (c) 410X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 5 1/2 yrs
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 <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 12 to Dec 30 and last saw her alive on Dec 30 Death occurred at 3:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Willard J. Dash D.O.		22b. ADDRESS 1829 S 18'	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-2-59	
23c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul		23d. LOCATION (City, town, or county) (State) 7030 Gravois	
24. FUNERAL DIRECTOR Weick Bros		25. DATE RECD. BY LOCAL REG. DEC 31 '58	
26. REGISTRAR'S SIGNATURE J. Carl Smith M.D. S.P.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

W. N. Trench  
1879 2 18  
11-

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

*Stanley E. Dixon*

Licensed Embalmer No. ....

4193

P. O. Address

*St. L.*

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.