

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007610

STATE FILE NUMBER

1554

FILED MAR 2 1959

Registration District No. _____ Primary Registration District No. _____

Registrar's No. _____

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-57
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292
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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 Saint 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 Mo. Baptist Hosp.		Length of stay in lb Life	d. STREET ADDRESS 340la N. Florissant		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First EUGENE Middle LOUIS Last SCHMIDT			4. DATE OF DEATH Month Feb. Day 12th , Year 1959		
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 Feb. 5, 1899	9. AGE (In years last birthday) 60	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) Laborer		10b. KIND OF BUSINESS OR INDUSTRY School	11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Schmidt		13b. MOTHER'S MAIDEN NAME Frediricka Dunkman		14. NAME OF HUSBAND OR WIFE Anna Schmiat	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address Anna Schmidt, 340la N. Florissant Avenue, 7.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute lobar Pneumonia left Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Persistent Carcinoma left DUE TO (c) Pyroform fever 147X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) malnutrition from cancer					INTERVAL BETWEEN ONSET AND DEATH 2 days
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 _____ 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. 10th 1958 to Feb 12 1959 and last saw him alive on Feb 11, 1959 Death occurred at Feb 12 - 1959 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Dominic J. Verdum		22b. ADDRESS 4500 Olive St		22c. DATE SIGNED 2-13-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2/14/59	23c. NAME OF CEMETERY OR CREMATORY Zion Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
24. FUNERAL DIRECTOR ALVIN F. FEUTZ, 4828 Natural		25. DATE RECD. BY LOCAL REG. FEB 13 59		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	
FUNERAL HOME, St. Louis, 15, Missouri					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

hours daily 1:00 PM to 5:00 PM
By appointment.

Call him before you leave here to make
sure he is in his office.

File in City

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 *John A. Mission*

Licensed Embalmer No. *4186*

P. O. Address *St. Louis, 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.