

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 27 1959

59-011365  
STATE FILE NO.  
2-2873  
REGISTRAR'S NO.

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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 St. 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 Lutheran Hospital		Length of stay in lb 64 yrs	d. STREET ADDRESS (If outside, give location) 3411 Hartford Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JOSEPHINE S. SCHMID			4. DATE OF DEATH Month Day Year March 14, 1959		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 12, 1878		9. AGE (In years last birthday) 81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Wittenberg, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Goecke		13b. MOTHER'S MAIDEN NAME Theresa Stadleman		14. NAME OF HUSBAND OR WIFE Frank Schmid	
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. none	17. INFORMANT Address Mrs. Irene Van Veen, 3411 Hartford Street		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Fracture of Left Shoulder</i> <i>Generalized Arteriosclerosis</i> Conditions, if any, which gave rise to above cause (a), starting the underlying cause lost. } DUE TO (b) <i>E904.0</i> DUE TO (c) _____ 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
20a. ACCIDENT <input checked="" 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.) <i>Suffered in fall at home on</i>			
20c. TIME OF INJURY Hour Month, Day, Year a.m. 3 1597 March 6 1959. 000 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.) <i>165 Home</i>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>St Louis Mo</i>			
21. I attended the deceased from _____, to _____, and last saw her alive on _____ Death occurred at <i>8009</i> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22. SIGNATURE (Degree or title) <i>Patrick Taylor Carner</i>			22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>3.16.59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		23b. DATE <i>Mar. 17, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Concordia Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>
24. FUNERAL DIRECTOR ADDRESS <i>BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave</i>		25. DATE RECD. BY LOCAL REG. <i>MAR 16 '59</i>	26. REGISTRAR'S SIGNATURE <i>Miss Joan Smith, M.D.</i>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

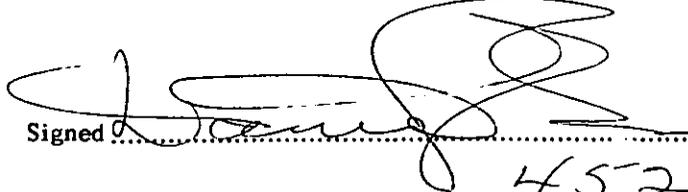
MEDICAL CERTIFICATION

ALL INQUIRIES IN CONNECTION WITH THIS CERTIFICATE MUST BE COUSALTY 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  \_\_\_\_\_

Licensed Embalmer No. 452  
P. O. Address St. Louis

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.