Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-019600

STATE FILE NUMBER

FILED MAY 18 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 4325

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis, Mo. — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN St. Louis, — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Firmin Desloge — Length of stay in lb 16 days	d. STREET ADDRESS (If outside, give location) 5904a Delmar — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First WILHELMINE Middle HENRIETTE Last SCHMIDT			4. DATE OF DEATH Month 5 Day 3 Year 59
5. SEX F	6. COLOR OR RACE W	7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [X]	8. DATE OF BIRTH Dec. 6, 1901
9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months 4 Days 27	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe worker	10b. KIND OF BUSINESS OR INDUSTRY Haley Cates Co.	11. BIRTHPLACE (City and state or country) East ST. Louis, Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME August Schmidt	13b. MOTHER'S MAIDEN NAME Henriette Bogusch	14. NAME OF HUSBAND OR WIFE Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 493-20-0417	17. INFORMANT Robert Hy Schmidt Address 7446 Maple Maplewood Mo	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CARCINOMATOSIS, GENERALIZED

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) METASTATIC ADENOCARCINOMA OF OVARIES

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 175.0

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 4-17-59, to 5-3-59 and last saw her/him alive on 5-3-59

Death occurred at 12:25 am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Howard Hoenig M.D.	22b. ADDRESS 1325 S. GRAND BLVD ST. LOUIS 4, MO.	22c. DATE SIGNED MAY 3, 1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 5 1959	23c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery
23d. LOCATION (City, town, or county) St Louis (State) Mo.		
24. FUNERAL DIRECTOR Mittelberg	ADDRESS Webster Groves	25. DATE RECD. BY LOCAL REG. MAY 4 '59
26. REGISTRAR'S SIGNATURE Carl Smith. M.D. S.P.		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 Harvey Kahle

Licensed Embalmer No. 4596

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.