

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-030770

FILED VS AUG 26 1959

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **2 7139** STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> COUNTY <i>St. Louis</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Length of stay in 1b		c. CITY OR TOWN <i>Dellwood</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Faith Hospital (New)</i>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>10343 Ittner Dr.</i>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>FRANK SCHMIDT</i>				4. DATE OF DEATH Month Day Year <i>July 31, 1959</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>4/10/09</i>	9. AGE (last birthday) <i>50</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Railroad Clerk</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>A. R. T. Co.</i>		11. BIRTHPLACE (City and state or country) <i>Hungary</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
13a. FATHER'S NAME <i>John Schmidt</i>			13b. MOTHER'S MAIDEN NAME <i>Unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Margaret Junge Schmidt</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>yes W. W. II</i>			16. SOCIAL SECURITY NO. <i>---</i>		17. INFORMANT Address <i>Mrs. Margaret Schmidt 10343 Ittner</i>		
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>Uremic poisoning</i> <i>Uremic poisoning</i> <i>bilateral kidney stones in pelvis, kidneys</i> DUE TO (b) <i>Bilateral kidney stones in pelvis, kidneys</i> DUE TO (c) <i>Uremic poisoning</i>						INTERVAL BETWEEN ONSET AND DEATH <i>14 Days</i> <i>14 Days!</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>603x</i>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <i>---</i>					
20c. TIME OF INJURY Hour a.m. p.m. <i>---</i>		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>---</i>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>---</i>	
21. I attended the deceased from <i>July 16 1959</i> to <i>7/21/59</i> and last saw her alive on <i>7/21/59</i> . Death occurred at <i>10343 Ittner</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Barney Finkel</i> (Degree or title) <i>John F. Finkel</i>				22b. ADDRESS <i>6508 - Florence St</i>		22c. DATE SIGNED <i>7/21/59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>8/3/59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>SS. Peter &amp; Paul Ceme</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>		
24. FUNERAL DIRECTOR ADDRESS <i>JOHN STYGAR &amp; SON - 5541 RIVERVIEW BLVD.</i>				25. DATE RECD. BY LOCAL REG. <i>AUG 1 '59</i>	26. REGISTRAR'S SIGNATURE <i>Paul Smith, M.D.</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *J. M. Rister*

Licensed Embalmer No. 3980

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.