IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ILED VS OCT 4 1960

NDED

-60-035849
STATE FILE NUMBER

Registration District No. 304 Primary Registration District No. 6046 Registrar's No. 22

1. PLACE OF DEATH
a. COUNTY St. Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Foristell
Length of stay in 1b: Lifetime
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RR#1
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Charles
c. CITY OR TOWN Foristell
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) RR #1
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First ROBERT Middle WILLIAM Last SCHMIDT
4. DATE OF DEATH: Month September Day 22 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5/19/1910
9. AGE (last birthday): 50
IF UNDER 1 YEAR: Months 4 Days 3
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Foristell, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: George Schmidt
13b. MOTHER'S MAIDEN NAME: Louise Schiermeier
14. NAME OF HUSBAND OR WIFE: Mable Nadler
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.: 493-42-5549
17. INFORMANT: Mrs. Mable Schmidt, Address RR #1, Foristell, 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) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): none
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ 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 Sept 22 1960, to Sept 22, 1960 and last saw ~~her~~ him alive on Sept 22 - 1960
Death occurred at 4:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. Schmidt (Degree or title) MD
22b. ADDRESS Marthasville Mo
22c. DATE SIGNED 9-24-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9/24/1960
23c. NAME OF CEMETERY OR CREMATORY: St. Johns E & R Cemetery
23d. LOCATION (City, town, or county) (State): Foristell, Missouri

24. FUNERAL DIRECTOR: T.J. Pitman
ADDRESS: 911 Pitman Ave. Wentzville, Missouri
25. DATE RECD. BY LOCAL REG.: 9/26/60
26. REGISTRAR'S SIGNATURE: Mabel F. Cuff

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed Howard O Kenle

Signature of Student Embalmer

Licensed Embalmer No. 463

P. O. Address Winfield

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