

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3524  
 FILED APR 24 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 9 days		c. CITY OR TOWN Glencoe, Rt # 1		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Highway 100		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Clara R. Schmidt				4. DATE OF DEATH Month Day Year 4/9/61				
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10/29/1897	9. AGE (last birthday) 63		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and state or country) St. Louis County, Mo. USA		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Paul Hilse			13b. MOTHER'S MAIDEN NAME Anna Simon			14. NAME OF HUSBAND OR WIFE Henry Schmidt		
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.		17. INFORMANT Address Henry Schmidt, Glencoe, Mo. R#1			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRAIN TUMOR, METASTATIC, RT TEMPORAL LOBE PRIMARY SITE UNKNOWN DUE TO (b) DUE TO (c) 199.2 INTERVAL BETWEEN ONSET AND DEATH 4 MONTHS								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)				
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year						
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 APRIL 4 1961 to APRIL 9 and last saw her/him alive on APRIL 8, 1961 Death occurred at 8:42 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) George E. Hawkins Jr. M.D.				22b. ADDRESS 3720 Worthington St. Ballwin, Mo.		22c. DATE SIGNED April 13 1961		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/13/61	23c. NAME OF CEMETERY OR CREMATORY St. John Cem.		23d. LOCATION (City, town, or county) Manchester, Mo.			
24. FUNERAL DIRECTOR Schrader Funeral Home, Ballwin, Mo.				25. DATE RECD. BY LOCAL REG. APR 13 1961		26. REGISTRAR'S SIGNATURE Road Smith, M.D.		

24. FUNERAL DIRECTOR  
Schrader Funeral Home, Ballwin, Mo.

25. DATE RECD. BY LOCAL REG.  
APR 13 1961

26. REGISTRAR'S SIGNATURE  
Road Smith, M.D.

**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 Richard M. Bopp

Licensed Embalmer No. 4584

P. O. Address Bellewin, 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.