MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-021496

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1390

FILED MAY 21 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1	4000
2	4000
3	
4	1
5	0
6	
7	1
8	2
9	351X
10	
11	
12	90-0
13	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY ST. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LANDSDALE School Ladue + Ballas — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY St Louis
c. CITY OR TOWN — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) LANDSDALE School LADUE & BALLAS — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First LINDA Middle Last Schmoldt

4. DATE OF DEATH Month 5 Day 6 Year 1962

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 4-9-1948

9. AGE (last birthday) 13 — 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) School Girl

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (City and state or country) OKLAHOMA CITY, OKLA

12. CITIZEN OF WHAT COUNTRY - USA.

13a. FATHER'S NAME EDGAR R. SCHMOLDT

13b. MOTHER'S MAIDEN NAME FAYE LASATER

14. NAME OF HUSBAND OR WIFE —

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. None

17. INFORMANT EDGAR R. SCHMOLDT Address

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) Status epileptiens — INTERVAL BETWEEN ONSET AND DEATH 24 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Recurring Epileptic seizures - severe. — from birth
DUE TO (c) Congenital Long standing brain damage due — from birth

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. ☐ 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 3-27-56, to 5-6-62 and last saw her/him alive on 11-30
Death occurred at 8:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] M.D.

22b. ADDRESS 150 N. McRAMEE

22c. DATE SIGNED 5-7-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 5- -62

23c. NAME OF CEMETERY OR CREMATORY —

23d. LOCATION (City, town, or county) Oklahoma City (State) Okla

24. FUNERAL DIRECTOR O'Sullivan Muckle Kron ADDRESS 8806 Jennings Rd

25. DATE RECD. BY LOCAL REG. 5-7-62

26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

Dr Peter Davis
150 N Meramec
Pa 12591
Jo 3-5858
Pa 7-6450 Home

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 Herbert J. Gan Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood 22, 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.