MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

63-034074

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8185 STATE FILE NUMBER

FILED AUG 22 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

PHILLIS USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MO. — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. LOUIS CITY HOSP #1 — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI — b. COUNTY
c. CITY OR TOWN: ST. LOUIS — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2611 HADLEY — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First WALTER — Middle John — Last SCHMID — 4. DATE OF DEATH: Month 8-10-63 Day Year

5. SEX: M — 6. COLOR OR RACE: W — 7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐ — 8. DATE OF BIRTH: 7-3-1886 — 9. AGE (last birthday): 77 — 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): MECHANIC — 10b. KIND OF BUSINESS OR INDUSTRY: AUTO. — 11. BIRTHPLACE (City and state or country): OLNEY, INDIANA — 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John Schmid — 13b. MOTHER'S MAIDEN NAME: UNKNOWN — 14. NAME OF HUSBAND OR WIFE: MARY Schmid

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of se[illegible] — 16. SOCIAL SECURITY NO. [illegible]3 — 17. INFORMANT: WILLIAM ENDICOTT — Address: 2611 HADLEY

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a): Pneumonia - Staphlococcus
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Malnutrition
DUE TO (c): Dehydration. 286.5

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

MEDICAL CERTIFICATION

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 7-12-63, to 8-10-63 and last saw her/him alive on 8-10-63
Death occurred at 6.29 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Richard L. Phillis MD — 22b. ADDRESS: 1515 Lafayette Ave — 22c. DATE SIGNED: 8-10-63

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL — 23b. DATE: 8-13-63 — 23c. NAME OF CEMETERY OR CREMATORY: MEMORIAL PARK — 23d. LOCATION (City, town, or county) (State): ST. LOUIS COUNTY, MO.

24. FUNERAL DIRECTOR: ST. LOUIS FUNERAL HOME — ADDRESS: 2205 ST. LOUIS AVE. — 25. DATE RECD. BY LOCAL REG.: AUG 12 1963 — 26. REGISTRAR'S SIGNATURE: Road Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 J. Wm Binkley

Licensed Embalmer No. 3653

P. O. Address St Louis 8, 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.