

FILED FEB 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3574

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 353

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Creve Coeur
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community 65 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Creve Coeur
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George A. Schmetz

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race wh. 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lizzie Schmetz 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Sept. 7-1864
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 26 If less than one day hr. _____ min. _____

9. Birthplace unknown (City, town or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business own farm

12. Name George Schmetz

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name May Kiegle

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Lizzie Schmetz

(b) Address Creve Coeur, Mo.

17. (a) Burial (b) Date thereof 2/5/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director Wm. J. Schmetz

(b) Address St. Louis, Mo.

19. (a) 2-7-48 (b) Chicago, Ill.
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7 year 1948 hour 1 minute a M.

21. I hereby certify that I attended the deceased from 10-17-45, 19____, to 1-15-48, 19____; that I last saw him alive on 1-15-48, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Hypostatic Pneumonia Duration 20 days

Due to Cardio-vascular-renal disease

Due to 1310

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury 2

23. Signature Wm. J. Schmetz (M. D. or other) MD
Address Waller Park, Mo. Date signed 2-4-48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Jno L. Thibbes*

Licensed Embalmer No. *3008*

P. O. Address *Pacific, 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 this body is not embalmed, fact should be so stated above.