No. 300
10.48

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

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

HEALTH DEPARTMENT 1949 FEB 5 P 6:

State File No. 2352

BIRTH NO. _____ REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6046 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY: St Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): O'FALLON MO. — c. LENGTH OF STAY (in this place): 1 YR.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. MARY INSTITUTE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI — b. COUNTY: St Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): O'FALLON MO.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): FREDERICKA — b. (Middle): — c. (Last): SCHMITT

4. DATE OF DEATH (Month) (Day) (Year): FEB. 1 1949

5. SEX: FEMALE — **6. COLOR OR RACE**: W. — **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)**: MARRIED — **8. DATE OF BIRTH**: APRIL 1 1866 — **9. AGE** (In years last birthday): 82 YRS — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEKEEPER — **10b. KIND OF BUSINESS OR INDUSTRY**: OWN — **11. BIRTHPLACE** (State or foreign country): GERMANY — **12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

13a. FATHER'S NAME: UNKNOWN — **13b. MOTHER'S MAIDEN NAME**: UNKNOWN — **14. NAME OF HUSBAND OR WIFE**: HERMAN J. SCHMITT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): — **16. SOCIAL SECURITY NO.**: — **17. INFORMANT'S SIGNATURE OR NAME**: Herman J. Schmitt — **ADDRESS**:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

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MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (2) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) (3) generalized arteriosclerosis — 10 yrs.
DUE TO (c) 4321

II. OTHER SIGNIFICANT CONDITIONS (1) — *Conditions contributing to the death but not related to the disease or condition causing death.* Lft cerebral arterial occlusion — 1 wk.

19a. DATE OF OPERATION — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) — **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) — **21c.** (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* June, 1948, *to* Jan, 1949, *that I last saw the deceased alive on* Feb 1, 1949, *and that death occurred at* 12 15 p.m., *from the causes and on the date stated above.* 2-1-49

23a. SIGNATURE: Lawrence G Behan (MD) (Degree or title) — **23b. ADDRESS**: O'Fallon Mo — **23c. DATE SIGNED**: 2-1-49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — **24b. DATE**: FEB. 49 — **24c. NAME OF CEMETERY OR CREMATORY**: S.S. PETER + PAUL CEM. — **24d. LOCATION** (City, town, or county) (State): St. Louis Mo.

DATE REC'D BY LOCAL REG.: Feb 3-49 — **REGISTRAR'S SIGNATURE**: E A Keithley — 280 — **25. FUNERAL DIRECTOR'S SIGNATURE**: E. J. Schnur — **ADDRESS**: 3125 Lafayette

(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 .....
Student Embalmer

Signed Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 La Jaya Ave

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.