

FILED FEB 14 1949

STANDARD CERTIFICATE OF DEATH

State File No. 3614

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 80

90

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson Barracks</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Jefferson Barracks</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>19 days</b>		d. STREET ADDRESS (If rural, give location) <b>5707a Michigan Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Veterans Admin. Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Joseph</b> b. (Middle) <b>F.</b> c. (Last) <b>SCHMELZLE</b>			4. DATE OF DEATH <b>January 8 1949</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>3-5-1896</b>	9. AGE (In years last birthday) <b>52</b>	IF UNDER 1 YEAR Months <b>10</b>	IF UNDER 4 HRS. Days <b>2</b>	IF UNDER 15 MIN. Hours <b>0</b>	IF UNDER 15 MIN. Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Gardener</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		

13a. FATHER'S NAME <b>Joseph Schmelzle</b>		13b. MOTHER'S MAIDEN NAME <b>Coelia Decker</b>		14. NAME OF HUSBAND OR WIFE <b>Barthe Schmelzle</b>	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW I</b>		16. SOCIAL SECURITY NO. <b>499-01-6363</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Registrar, Vet. Adm. Hosp., Jeff. Brks., Mo.</b>		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA OF THE ESOPHAGUS</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>-</b> DUE TO (c) <b>-</b>				<b>Unknown</b>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>462</b> <b>15-01</b>	

19a. DATE OF OPERATION <b>1/3/49</b>		19b. MAJOR FINDINGS OF OPERATION <b>Extensive Carcinoma of Esophagus</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **12/20**, 1948, to **Jan. 8**, 1949, that I last saw the deceased alive on **January 8, 1949** and that death occurred at **4:05 Am.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E.C. O'Brien, M.D.</b>		23b. ADDRESS <b>Vet. Adm. Hosp., Jeff. Brks., Mo.</b>		23c. DATE SIGNED <b>1-8-49</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-11-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Jefferson Brks, mo.</b>	
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DATE REC'D BY LOCAL REG. <b>1-6-49</b>		REGISTRAR'S SIGNATURE <b>Theresa ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Southern Funeral Home</b>		ADDRESS <b>6322 S. Grand Blvd.</b>	
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DEC 28 1961

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

*J. Wm. Ambler*

Licensed Embalmer No. ....

13653

P. O. Address

*St. Louis, 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.