

FILED APR 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10616

BIRTH NO. 49-011125 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2499

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission?) a. STATE <u>MISSOURI</u> b. COUNTY <u>MOU</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place) <u>7 21/2 - 70 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS (23)</u> <u>17 9</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LUTHERAN HOSPITAL</u>			d. STREET ADDRESS (If rural, give location) <u>1003 VAN NOSTRAND</u>			
3. NAME OF DECEASED (Type or Print)			a. (First) <u>LAMBERT</u>		b. (Middle) <u>KENT</u>	
			c. (Last) <u>SCHMITZ</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 19, 1949</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>	8. DATE OF BIRTH <u>JAN. 27, 1949</u>		9. AGE (In years last birthday)	10. YEAR (Day's Hours Min.) <u>1 21 7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>HERMAN JOSEPH SCHMITZ</u>		13b. MOTHER'S MAIDEN NAME <u>LILY LENORE SMALLEY</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>LILY LENORE SCHMITZ</u>			ADDRESS <u>1003 VAN NOSTRAND</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fetal vegetative Endocarditis</u> ANTECEDENT CAUSES <u>aortic Valves.</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>15% DUE TO (b)</u> <u>DUE TO (c) Possible virus infection</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac hypertrophy</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 wks</u> <u>6 wks.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>15 17 7</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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 <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 <u>JAN. 27</u> , 19 <u>49</u> , to <u>MARCH 19, 19 49</u> , that I last saw the deceased alive on <u>MARCH 19, 19 49</u> , and that death occurred at <u>1:50 A M.</u> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>Eugene G. Vogel M.D.</u>			23b. ADDRESS <u>3325 S Grand</u>		23c. DATE SIGNED <u>3/19/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3-20-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CRESS HILL</u>		24d. LOCATION (City, town, or county) (State) <u>HILLSBORO ILL.</u>	
DATE REC'D BY LOCAL REG. <u>MAR 19 1949</u>		REGISTRAR'S SIGNATURE <u>J.B. Luster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>O.E. Bass Hillsboro Ill</u>		

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

O. E. Bass

Licensed Embalmer No. *2675*

P. O. Address *Hillsboro Ill*

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.