

FILED MAY 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14130

State File No.

BIRTH NO. 49-025598 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3618

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN St. Louis		c. LENGTH OF STAY (in this place) U	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		1-19
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hospital			d. STREET ADDRESS (If rural, give location) 981 Harlan Ave.		
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Schlemmer c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Apr. 21, 1949		
5. SEX M. U	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S. 11	8. DATE OF BIRTH Apr. 20, 1949	9. AGE (In years last birthday) 8	IF UNDER 1 YEAR Months Days 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nil		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Mo. U		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Raymond J. Schlemmer		13b. MOTHER'S MAIDEN NAME Louise Kalschutz		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Raymond J. Schlemmer, 981 Harlan Ave.			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 159 776
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April 20, 1949</u> , to <u>April 21, 1949</u> that I last saw the deceased alive on <u>April 20, 1949</u> , and that death occurred at <u>St. Louis, Mo.</u> from the causes and on the date stated above.					
23a. SIGNATURE <u>W. E. Gerst</u> (Degree or title)			23b. ADDRESS <u>2114 E Grand</u>		23c. DATE SIGNED <u>4/22</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 22, 1949	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG APR 22 1949	REGISTRAR'S SIGNATURE <u>J. P. Loras</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. P. Loras</u> Lindell Blvd.		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

Student Embalmer No.

working under my personal supervision.

Signed.....

Thomas R. Jensen

Signed.....
Student Embalmer

Licensed Embalmer No.

3793

P. O. Address.....

3840 Lindell

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.