

FILED MAY 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18179  
State File No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 18843

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Olivette</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Olivette</u>	
c. LENGTH OF STAY (In this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>9260-Olive St. Road</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9260-Olive St. Road</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Phillip</u> b. (Middle) <u>Schmittel</u> c. (Last) <u>Schmittel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 10 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 11, 1871</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Days <u>4</u> IF UNDER 24 HRS. Hours <u>30</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>		11. BIRTHPLACE (State or foreign country) <u>Clayton Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>John D. Schmittel</u>		13b. MOTHER'S MAIDEN NAME <u>Lydia</u>		14. NAME OF HUSBAND OR WIFE <u>Lydia</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lydia Schmittel</u> ADDRESS <u>9260 Olive St. Road Clayton-5-Mo.</u>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma head of pancreas</u> DUE TO (c) <u>46g</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>157x</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>	
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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 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 1/22/49, 1949, to 4/10/49, 1949, that I last saw the deceased alive on 4/9/49, 1949, and that death occurred at 5:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Anthony V. Beuniceira MD</u>		23b. ADDRESS <u>6153rd Natural Bridge</u>		23c. DATE SIGNED <u>4/12/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-13-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles Park</u>	
		24d. LOCATION (City, town, or county) (State) <u>Wellston, Mo.</u>			

DATE REC'D BY LOCAL REG. <u>4-12-49</u>		REGISTRAR'S SIGNATURE <u>David L. Lunn</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Blumenthal Brothers</u> ADDRESS <u>2504-Woodson Rd-Overland-14-Mo.</u>	
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

0 Home - 1-20-8 PM 6130-8 PM

**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 Oscar F. Mueller

Signed.....  
Student Embalmer

Licensed Embalmer No. 3039

P. O. Address Overland 14 N

**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.