

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **18180**

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>825</u>			
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>Wellston</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellston</u>		d. STREET ADDRESS (If rural, give location) <u>6414 Suburban Ave.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6414 Suburban Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>6414 Suburban Ave.</u>					
3. NAME OF DECEASED (Type or Print) <u>CHARLES SCHMITZ.</u>			a. (First) <u>CHARLES</u> b. (Middle) <u>SCHMITZ.</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>April 4, 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>April 7, 1875.</u>		9. AGE (In years last birthday) <u>73</u>	10. MONTHS <u>7</u>	11. YEARS <u>4</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machine operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wagner E. Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>4</u>			
13a. FATHER'S NAME <u>Paul Schmitz</u>		13b. MOTHER'S MAIDEN NAME <u>Don't Know</u>		14. NAME OF HUSBAND OR WIFE <u>Kathryn Schmitz</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>?</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Kathryn Schmitz, 6414 Suburban Ave.</u> 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. Myocarditis &amp; Myocardial Degeneration.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Emphysema</u> DUE TO (c) <u>4722</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>93 d</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Don't Know</u>	
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) <u>4:30</u>		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>March 15, 1949</u> , to <u>April 4, 1949</u> , that I last saw the deceased <u>4 days</u> on <u>10:30 AM, 1949</u> and that death occurred at <u>3:30 P.M.</u> from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>John A. Rogers</u>				23b. ADDRESS <u>6693 Delmar</u>		23c. DATE SIGNED <u>4/5/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 7/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>4-3-49</u>		REGISTRAR'S SIGNATURE <u>Theresa...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. W. Clark, 1125 Hodiamont Ave.</u> ADDRESS					

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. John A. Rogers,  
6693 Delmar Blvd.,  
2-5 P.M. CA. 2101.

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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.....

*Alfred J. Brodeur*

Signed.....

Student Embalmer

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiann

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.