No. 300
10.48

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

FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25262

State File No. 25262

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6718

1. PLACE OF DEATH
a. COUNTY: _____
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3640 Loughborough Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 000
b. COUNTY: 17
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 3640 Loughborough Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Pauline
b. (Middle): _____
c. (Last): Schmitt

4. DATE OF DEATH (Month) Aug. (Day) 1 (Year) 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 26, 1864
9. AGE (In years last birthday): 84 — If under 1 year: Months _____ Days _____ If under 24 hrs.: Hours _____ Min. _____

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.
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Charles Haymann
13b. MOTHER'S MAIDEN NAME: Dora Hirsch
14. NAME OF HUSBAND OR WIFE: Jacob P. Schmitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): _____
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Florence Schmitt **ADDRESS**: 3640 Loughborough 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterial Sclerosis — 2 years
DUE TO (c) Pernicious Anemia — 15 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 10, *19*48, *to* Aug. 1, *19*49, *that I last saw the deceased alive on* Aug. 1, *19*49, *and that death occurred at* 2:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Scott Newer M.D. (Degree or title)
23b. ADDRESS: 634 N. Grand
23c. DATE SIGNED: Aug. 1, 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-3-49
24c. NAME OF CEMETERY OR CREMATORY: Park Lawn Cemetery
24d. LOCATION (City, town, or county) Lemay (State) Mo.

DATE REC'D BY LOCAL REGISTRAR: AUG 2 1949
REGISTRAR'S SIGNATURE: J. B. Fasseter

25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister **ADDRESS** Colonial Mort. 6464 Chippewa

(Licensed Embalmer's Statement on Reverse Side)

Dr. Scott Heuer

Mo. Thea. Bldg.
1 & 2:00 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.

Student .....
Student Embalmer

Signed Louis C. Hoffmeister

Licensed Embalmer No. 3821

P. O. Address 7814 S Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.