

FILED OCT 7 1949

STANDARD CERTIFICATE OF DEATH

State File No. 32163

318

1003

Registrar's No. 8064

|  |  |  |  |   |  |   |  |  |  |
|--|--|--|--|---|--|---|--|--|--|
| BIRTH NO. _____  |  | REG. DIST. NO. 318   |  | PRIMARY REG. DIST. NO. 1003   |  | Registrar's No. 8064  |  |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo.</u><br>b. COUNTY _____  |  |   |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>ST. LOUIS</u>   |  | c. LENGTH OF STAY (in this place) _____  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>O'FALLON MO.</u>   |  | d. STREET ADDRESS (If rural, give location)<br><u>NR. O'FALLON MO.</u>                    |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>ALEXIAN BROS. HOS.</u>   |  |  |  | 3. NAME OF DECEASED<br>a. (First) <u>HERMAN</u><br>b. (Middle) <u>J.</u><br>c. (Last) <u>SCHMITT</u>  |  |   |  |  |  |
| 4. DATE OF DEATH<br><u>Sept 17 - 1949</u>  |  | 5. SEX<br><u>MALE (M)</u>  |  | 6. COLOR OR RACE<br><u>W.</u>   |  | 7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>WIDOWER</u>                   |  |  |  |
| 8. DATE OF BIRTH<br><u>Nov 29 - 1861</u>   |  | 9. AGE (In years last birthday)<br><u>87 yrs</u>   |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Nil</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY _____   |  |  |  |
| 11. BIRTHPLACE (State or foreign country)<br><u>GERMANY / ILLINOIS</u>   |  | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>   |  | 13a. FATHER'S NAME<br><u>JACOB Schmitt</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>MARGARET UNKNOWN Fredericka Schmitt</u>                   |  |  |  |
| 14. NAME OF _____ OR _____<br><u>Fredericka Schmitt</u>  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ |  | 16. SOCIAL SECURITY NO. _____   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Rev. Charles P. Schmitt Charleston Mo</u> |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. |  |  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Fracture Hip</u><br>DUE TO (c) <u>Fall at home - (Convent O'Fallon Mo)</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  | INTERVAL BETWEEN ONSET AND DEATH _____ |  |
| 19a. DATE OF OPERATION _____   |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>Analysis</u>  |  | 20. AUTOPSY?<br>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.)<br><u>at home</u>     |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><u>O'FALLON MO. ILLINOIS</u>   |  | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)<br><u>1861</u>                      |  |  |  |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR?<br><u>18</u>  |  | 22. I hereby certify that I attended the deceased from <u>Sept 14, 1949</u> , to <u>Sept 17, 1949</u> , that I last saw the deceased alive on <u>Sept 16, 1949</u> , and that death occurred at <u>5 P.M.</u> , from the causes and on the date stated above.   |  |   |  |  |  |
| 23a. SIGNATURE (Degree or title)<br><u>John C. Murphy MD (D)</u>   |  | 23b. ADDRESS<br><u>634 N. Grand</u>  |  | 23c. DATE SIGNED<br><u>Sept 17 - 49</u>   |  |   |  |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>   |  | 24b. DATE<br><u>SEPT 20 49</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>S.S. PETER &amp; PAULS</u>   |  | 24d. LOCATION (City, town, or county) (State)<br><u>ST. PETERS 4 MO</u>                   |  |  |  |
| DATE REC'D BY LOCAL REG.<br><u>SEP 19 1949</u>   |  | REGISTRAR'S SIGNATURE<br><u>J. Blaster</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>E. J. Schure 3125 Lafayette av</u>   |  |   |  |  |  |

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Joseph B. Hallmer*

Licensed Embalmer No.....

*11014*

P. O. Address.....

*3125 Lafayette*

Signed.....  
Student Embalmer

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.