

No. 300
10.48

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3269
00043
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066

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>Kirkwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>U.S. Marine Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>139 W Rose Hill</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>N</u> c. (Last) <u>Schmitz</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 5 1950</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>Jan. 17, 1896</u>
9. AGE (In years last birthday) <u>53</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>18</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Nicholas Schmitz</u>	13b. MOTHER'S MAIDEN NAME <u>Louise Goering</u>	14. NAME OF HUSBAND OR WIFE <u>Agathe Schmitz</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>	16. SOCIAL SECURITY NO. <u>W.W.I 498-03-3154</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clinical Records - U.S. Marine Hosp. Kirkwood</u>	ADDRESS <u>Kirkwood</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema, acute due to pulmonary embulus & cardiac decomp.</u>		DUE TO (b) <u>Arteriosclerotic heart disease</u>		<u>unknown</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Cardiac decompensation</u>		<u>unknown</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac insufficiency</u>				<u>unknown</u>

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>11 200</u>

22. I hereby certify that I attended the deceased from Jan. 1, 1950, to Jan. 5, 1950, that I last saw the deceased alive on Jan. 5, 1950, and that death occurred at 5:20 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>A.S. Janier</u> (Degree or title) <u>A.S. JANIER, S.A. Surg.</u>	23b. ADDRESS <u>U.S. MARINE HOSP. KIRKWOOD, MO</u>	23c. DATE SIGNED <u>1/6/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/9/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sak Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kirkwood, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-7-50</u>	REGISTRAR'S SIGNATURE <u>Berbert R. Donke, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Boop, Inc.</u>	ADDRESS <u>Kirkwood, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

FFB 3 1950

FEB 3 1950

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 Felix Hurand

Licensed Embalmer No. 3034

P. O. Address Putnamwood 22 mo

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.