

FILED FEB 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3465

State File No.

No. 300
10. 48BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 156

1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis City</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Koch, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>166 days</u>		2209	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Robert Koch Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2013 North Market</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Felix</u> b. (Middle) <u>Charles Schmerbauch</u> c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>1 - 17 - 1950</u>
---	---

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced 5</u>	8. DATE OF BIRTH <u>4-23-1907</u>	9. AGE (In years last birthday) <u>42</u> 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) <u>Truck driver</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Kaskaski, Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	---	--

13a. FATHER'S NAME <u>Henry J. Schmerbauch</u>	13b. MOTHER'S MAIDEN NAME <u>Nora Beante</u>	14. NAME OF HUSBAND OR WIFE <u>Gladys Walker (div.)</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>497-05-1970</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records of R. Koch Hospital, Koch, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year (?)</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		RD 2X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>57</u>	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) (Min.)	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 8-2-, 1949, to 1-17-, 1950, that I last saw the deceased alive on 1-17-, 1950, and that death occurred at 12:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Axel R. Loman, M.D.</u> (Degree or title)	23b. ADDRESS <u>Robert Koch Hospital</u>	23c. DATE SIGNED <u>1-17-50</u>
---	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-17-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Poplar Bluff, Missouri</u>	24d. LOCATION (City, town, or county) (State)
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. <u>1-18-50</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u>	ADDRESS <u>4700 Washington</u>
---	---	---	--------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No.

.....
working under my personal supervision.

Student
Student Embalmer

Signed

J. W. Binkley

Licensed Embalmer No.

3653

P. O. Address

Spokane WA

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.