

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 8 1950

7207

State File No.

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **542**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township): Jefferson Barracks, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellston	
c. LENGTH OF STAY (in this place): 8 days		d. STREET ADDRESS (If rural, give location): 1543 Faris	
d. FULL NAME OF HOSPITAL OR INSTITUTION Vet. Adm. Hospital			

3. NAME OF DECEASED a. (First) WILLIAM (Type or Print)			b. (Middle) WMI			c. (Last) SCHRICK			4. DATE OF DEATH (Month) (Day) (Year) March 7, 1950		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH January 27, 1893			9. AGE (In years last birthday) 56		10. CITIZENSHIP USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gardener				10b. KIND OF BUSINESS OR INDUSTRY Gardening				11. BIRTHPLACE (State or foreign country) St. Louis County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Carl Schrick		13b. MOTHER'S MAIDEN NAME Elizabeth Ronsieck		14. NAME OF HUSBAND OR WIFE Mary Schrick	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. UNK		17. INFORMANT'S SIGNATURE OR NAME VA Hospital Records, Jefferson Barracks, Mo.	

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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) DIABETES MELLITUS				INTERVAL BETWEEN ONSET AND DEATH UNKNOWN	
		ANTECEDENT CAUSES HYPERTENSIVE HEART, DISEASE WITH CARDIAC Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DECOMPENSATION				UNKNOWN	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 **Feb 22**, 19 **50**, to **March 7**, 19 **50**, that ~~death~~ **the deceased** ~~died on~~ **March 7, 1950**, and that death occurred at **9:12 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE L. H. Schrick, M.D., Prof. Svcs.		(Degree or title)		23b. ADDRESS Vet. Adm. Hosp. Jeff. Brks. Mo.		23c. DATE SIGNED 2-2-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MARCH 6-50		24c. NAME OF CEMETERY OR CREMATORY NATIONAL		24d. LOCATION (City, town, or county) (State) JEFFERSON BKS Mo.	
DATE REC'D BY LOCAL MAR 2 1950		REGISTRAR'S SIGNATURE Hubert P. Malone, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Hoffmeister U&L Co., St. Louis, Mo.		ADDRESS	

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

H (Licensed Embalmer's Statement on Reverse Side)

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.....
Student Embalmer

Signed Harry Shumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.