

FILED APR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10032

4458 State File No. 5048 Registrar's No.

BIRTH NO. 306		REG. DIST. NO.		PRIMARY REG. DIST. NO. 4458		Registrar's No. 5048			
1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Charles					
b. CITY (If outside corporate limits, write RURAL and give town) St. Peters		c. LENGTH OF STAY (In this place) 10 yrs		c. CITY (If outside corporate limits, write RURAL and give township) St. Peters		d. STREET ADDRESS (If rural, give location)			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) Walter			b. (Middle) J.			c. (Last) Sammelmann			
4. DATE OF DEATH Mar. 30, 1950		(Month) (Day) (Year)		5. SEX male		6. COLOR OR RACE white			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Jan. 22, 1871		9. AGE (In years last birthday) 79		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) farmer		10b. KIND OF BUSINESS OR INDUSTRY farming		11. BIRTHPLACE (State or foreign country) St. Peters Mo.			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Ben Sammelmann		13b. MOTHER'S MAIDEN NAME Abby Frances Hunn		14. NAME OF HUSBAND OR WIFE Mathilda			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 486-18-9027		17. INFORMANT'S SIGNATURE OR NAME Walter Sammelmann Jr.		ADDRESS RR 1 St. Charles 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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension about disease ANECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) — II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1 —				INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs. 443X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) m.		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 July 1940, to March 30 1950, that I last saw the deceased alive on March 26, 1950, and that death occurred at 8 a. m., from the causes and on the date stated above.									
23a. SIGNATURE Vincent A. Schreiner, M.D.				23b. ADDRESS St. Charles Mo.		23c. DATE SIGNED 3/31/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE # 4-1-50		24c. NAME OF CEMETERY OR CREMATORY All Saints		24d. LOCATION (City, town, or county) (State) St. Peters, Mo.			
DATE REC'D BY LOCAL REG. April 1 - 50		REGISTRAR'S SIGNATURE E. A. Keithly		25. FUNERAL DIRECTOR'S SIGNATURE 280 Geo. Steffater		ADDRESS St. Peters, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 20 1950

JUL 27 1950

RECEIVED
APR 4 1950
District Health Officer No. 9,
District File Number

JUL 11 1955

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.

Signed E. C. Keithly

Signed _____
Student Embalmer

Licensed Embalmer No. 877

P. O. Address Dallow 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.