

FILED JUN 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 21990  
4931 Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY				a. STATE Missouri		b. COUNTY WASHINGTON		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) ST. LOUIS, Mo.		c. LENGTH OF STAY (in this place) 26 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) POTOSI		1101		
d. FULL NAME OF HOSPITAL OR INSTITUTION BETHESDA GENERAL Hospital				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED			4. DATE OF DEATH			5. AGE (In years last birthday)		
a. (First) Mrs. CAROLINE			b. (Middle) SCHMITZUS			c. (Last)		
6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH JUNE 6, 1870		9. AGE (In years last birthday) 79		
SEX FEM						IF UNDER 1 YEAR Months Days		
IF UNDER 2 HRS. Hours Min.								
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
✓			✓		Richwoods, Missouri		O	
13a. FATHER'S NAME ALEYS GLORIA			13b. MOTHER'S MAIDEN NAME JOSEPHINE BOURBON			14. NAME OF HUSBAND OR WIFE ROBERT SCHMITZUS (DEC.)		
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 AND ADDRESS			
					Robert Schmitzus Richwoods			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left Cerebral Hemorrhage					7 hrs	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES						
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
		DUE TO (b) Hypertension & Arteriosclerosis					Years	
		DUE TO (c) Diabetes					Years	
		DUE TO (c) Gangrene left leg					9 mos	
		II. OTHER SIGNIFICANT CONDITIONS						
		Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION June 1950		19b. MAJOR FINDINGS OF OPERATION Gangrene left leg.					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? 260X				
22. I hereby certify that I attended the deceased from 5/8, 1950, to 6/3, 1950, that I last saw the deceased alive on 6/3/50, 1950, and that death occurred at 1:15 P. M., from the causes and on the date stated above.								
23a. SIGNATURE W. Bishop (Degree or title)			23b. ADDRESS Bethesda Hosp			23c. DATE SIGNED 6/4/50		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE JUN 5		24c. NAME OF CEMETERY OR CREMATORY St Stephens		24d. LOCATION (City, town or county) (State) Richwoods Mo		
DATE REC'D BY LOCAL REG. JUN 5 1950		REGISTRAR'S SIGNATURE J. B. Basseter		25. FUNERAL DIRECTOR'S SIGNATURE & ADDRESS C. L. Clark No				

(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.

Signed.....  
Student Embalmer

Signed *H. M. Lunt*.....

Licensed Embalmer No. *3601*.....

P. O. Address *St. Clair*.....

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.