

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22221

FILED JUL 1 1950

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 1603

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) OR TOWN Kirkwood		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood	
d. FULL NAME OF HOSPITAL OR INSTITUTION 507 Bedford Oaks Drive		e. STREET ADDRESS (If rural, give location) 507 Bedford Oaks Drive			

3. NAME OF DECEASED (Type or Print) a. (First) Caroline			b. (Middle) J.			c. (Last) Schmittgens			4. DATE OF DEATH (Month) (Day) (Year) 6-29-1950				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 11-5-1861		9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home				10b. KIND OF BUSINESS OR INDUSTRY ****				11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Frank L. Schmittgens			13b. MOTHER'S MAIDEN NAME Theresa Eggs			14. NAME OF HUSBAND OR WIFE ****		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. W. C. Nelson 507 Bedford Oaks Dr.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis - Sclerosis ANTECEDENT CAUSES Morbid 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.						INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 422.2						20. AUTOPSY? YES <input 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) (Minute)		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 **Jan. 1st, 1945**, to **Jan. 26, 1950**, that I last saw the deceased alive on **4/26, 1950**, and that death occurred at **3:10 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Arthur Bode (Degree or title)		23b. ADDRESS 2609 S. Grand		23c. DATE SIGNED 6/29/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-1-1950		24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery		24d. LOCATION (City, town, or county) (State) 4360 Bates St	
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DATE REC'D BY LOCAL REG. 6-29-50		REGISTRAR'S SIGNATURE Bernard B. Doube		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ziegler Bros 6409 Gravois Ave	
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD
Dr Bode 163-4003
2602 S. Grand

RECEIVED BY [unclear] 10/1/23
[unclear]

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 Charles R. Padwell
Licensed Embalmer No. 4077

P. O. Address _____

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.