

FILED JUL 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25292

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6091			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (in this place) 2 1/2		c. CITY (If outside corporate limits, write RURAL and give township) TOWN St. Louis 2269			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2411a N. Florissant Ave				d. STREET ADDRESS (If rural, give location) 2411a N. Florissant Ave					
3. NAME OF DECEASED (Type or Print)		a. (First) Elizabeth		b. (Middle) Scheipers		c. (Last) Smith		4. DATE OF DEATH (Month) 7 (Day) 14 (Year) 50	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed ✓		8. DATE OF BIRTH 11-26-1865		9. AGE (In years last birthday) 84 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) Housework				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis. Mo		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Lawrence Ditmeyer			13b. MOTHER'S MAIDEN NAME Dorothy Schmidt			14. NAME OF HUSBAND OR WIFE late James B. Smith			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph Scheipers-2411a N. Florissant Ave					
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> 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 12 hours	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331X					
22. I hereby certify that I attended the deceased from <u>June 15, 1945</u> , to <u>July 13, 1950</u> , that I last saw the deceased alive on <u>July 13, 1950</u> , and that death occurred at <u>1:00 p. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Patricia J. Fullin M.D.</u>				23b. ADDRESS <u>3825 N. 70th St.</u>		23c. DATE SIGNED <u>7-15-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-17-1950		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Missouri			
DATE REC'D BY LOCAL REG. JUL 15 1950		REGISTRAR'S SIGNATURE <u>J. B. Faraster</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Leidner U. 2223 St. Louis Ave.</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 *John P. Buchholz*

Licensed Embalmer No. *1674*

P. O. Address *2223 St. Louis Ave*

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.