

FILED DEC 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39311

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3062 Registrar's No. 2731

4001

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

1. PLACE OF DEATH a. COUNTY St. Louis		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 BRENTWOOD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 73 YRS.		2249	
d. FULL NAME OF HOSPITAL OR INSTITUTION Gouldworth Home		d. STREET ADDRESS (If rural, give location) 3259a California	
3. NAME OF DECEASED (Type or Print) Frances		4. DATE OF DEATH (Month) (Day) (Year) Nov. 13, 1950	
a. (First) Frances		b. (Middle) Schmitt	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Sept. 17, 1867	
9. AGE (In years last birthday) 83		10. UNDER 1 YEAR Months Days Hours Mths.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (State or foreign country) West Seneca, N. Y.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Franz Schmitt		13b. MOTHER'S MAIDEN NAME Margaretta Schaller	
14. NAME OF HUSBAND OR WIFE			
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. None	
17. INFORMANT'S SIGNATURE OR NAME Otto F. Schmitt, 3259a California		ADDRESS	
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) <u>Acute Cardiac dilatation</u> ANTECEDENT CAUSES <u>Chronic Myocarditis</u> 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4-2-2	
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?			
22. I hereby certify that I attended the deceased from <u>11/1</u> , 19 <u>49</u> , to <u>11/13</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11/7</u> , 19 <u>50</u> , and that death occurred at <u>3:00 Am.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>O. Theslie</u> (Degree or title)		23b. ADDRESS <u>Kirkwood, Mo.</u>	
23c. DATE SIGNED <u>11/13/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <u>11/15/50</u>	
24c. NAME OF CEMETERY OR CREMATORY Our Redeemer Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. <u>11/13/50</u>		REGISTRAR'S SIGNATURE <u>H. R. Dombke M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>BEIDERWIEDEN FUNERAL HOME, 1936 St. Louis</u>		ADDRESS	

Gouldworth Home,

8750 Manchester

K. 1. 1576

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 Delis J. Kispin

Signed.....
Student Embalmer

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

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.