

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6625

FILED MAR 2 1951

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1456

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Firmin Desloge Hosp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2769	
		d. STREET ADDRESS (If rural, give location) 20 2507 a. Howard St. 5	

3. NAME OF DECEASED (Type or Print)	a. (First) John J. S.	b. (Middle) J.	c. (Last) Schmitt	4. DATE OF DEATH (Month) (Day) (Year) Feb. 10, 1951
-------------------------------------	-----------------------	----------------	-------------------	---

5. SEX Male	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 8, 1904	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 15 MIN. Min.
-------------	--------------------	--	-------------------------------	------------------------------------	------------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur	10b. KIND OF BUSINESS OR INDUSTRY Police Dept.	11. BIRTHPLACE (State or foreign country) Waterloo Ill.	12. CITIZEN OF WHAT COUNTRY? USA
---	--	---	----------------------------------

13a. FATHER'S NAME Wm. G. Schmitt	13b. MOTHER'S MAIDEN NAME Pauline Mentel	14. NAME OF HUSBAND OR WIFE Gladys Schmitt
-----------------------------------	--	--

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 Gladys Schmitt	ADDRESS 2507 a Howard St.
---	------------------------------	--	---------------------------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Paralytic illness		8 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Wound Disruption Following Surgery DUE TO (c) Chronic Colitis Causing Partial Obstruction		8 days 1 yr.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Severe Pulmonary Emphysema		2-4 yrs.	

19a. DATE OF OPERATION 36 Jan 51	19b. MAJOR FINDINGS OF OPERATION Inflammatory Tumors Descending Colon	20. AUTOPSY? YES <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 230X
---	--	---------------------------------

22. I hereby certify that I attended the deceased from 10 February, 1950, to 107 February, 1951; that I last saw the deceased alive on 10 February, 1951, and that death occurred at 2:42 p. m., from the causes and on the date stated above.

23a. SIGNATURE J. Ernest Jensen M.D. (Degree or title)	23b. ADDRESS 634 N Grand Blvd, St Louis 3	23c. DATE SIGNED 12 Feb 51
--	---	----------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Feb. 11, 1951	24c. NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul	24d. LOCATION (City, town, or county) (State) Waterloo Ill.
--	-------------------------	--	---

DATE REC'D BY LOCAL REG. FEB 13 1951	REGISTRAR'S SIGNATURE J. B. Santos	25. FUNERAL DIRECTOR'S SIGNATURE Street - Carroll 4600 Nat'l Bridge	ADDRESS
--------------------------------------	------------------------------------	---	---------

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed

*Ben Hoffman*

Student Embalmer No.....

Licensed Embalmer No.

*# 366*

P. O. Address

*St Louis, 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.