

FILED JUN 7 1951

STANDARD CERTIFICATE OF DEATH

State File No. 17719

BIRTH NO. _____ REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6048 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>St Charles</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>St Charles Mo</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St Charles</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Wentzville 0920</u> d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ivo</u> b. (Middle) <u>Henry</u> c. (Last) <u>Schmucker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 29 1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct 9 1893</u>
9. AGE (In years last birthday) <u>68</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Section R.R. Employee</u>	11. BIRTHPLACE (State or foreign country) <u>Gidmore O</u>	12. CITIZENRY OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Section R.R. Employee</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Gidmore O</u>	
13a. FATHER'S NAME <u>Henry Schmucker</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Orf</u>	14. NAME OF HUSBAND OR WIFE <u>Theresa Schmucker</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>702-05-6974</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Westhoff</u> ADDRESS <u>OFallon Mo</u>	
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 Decompensation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>acute stenosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Cardiovascular Atherosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH
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) _____	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>April 26</u> , 1951, to <u>May 29</u> , 1951, that I last saw the deceased alive on <u>May 29</u> , 1951, and that death occurred at <u>7:45 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>George R. Zanki MD</u>		23b. ADDRESS <u>OFallon Mo</u>	23c. DATE SIGNED <u>June 1, 1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>MAY 31-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Joseph's</u>	24d. LOCATION (City, town, or county) (State) <u>Josephville Mo</u>
DATE REC'D BY LOCAL REG. <u>June 2-51</u>	REGISTRAR'S SIGNATURE <u>E. A. Reithly</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>T. E. Pitman</u> ADDRESS <u>Funeral Home</u>	_____

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

Wentzville Mo

File No. _____
DISTRICT HEALTH OFFICE No. 1

JUN 3 1951

RECEIVED

AUG 8 1951

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 *Annitta M. Pittman*

Licensed Embalmer No. *3055*

P. O. Address *Wentzville 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.