

FILED MAY 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18564

State File No.

318

1003

Registrar's No. 4216

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

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)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2259	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hosp.		d. STREET ADDRESS (If rural, give location) 1705 O'Fallon		0	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) John	b. (Middle)	c. (Last) Schmitz (Smith)	May 4, 1951		

5. SEX male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0	8. DATE OF BIRTH Nov. 2, 1880	9. AGE (In years last birthday) 70	10. MONTHS	11. DAYS	12. HOURS	13. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Matthew Schmitz		13b. MOTHER'S MAIDEN NAME Rose Rosfelt		14. NAME OF HUSBAND OR WIFE none	
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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.		17. INFORMANT'S SIGNATURE OR NAME Thomas Smith		ADDRESS 3730 N. 25th. St.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) ANTECEDENT CAUSES		DUE TO (b)			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
		Accident					

21a. ACCIDENT SPECIFIC HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g. In or about home, farm, factory, office bldg., etc.) St. Louis Mo		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 26 5:50 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 89035 21 110	
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 150A m., from the causes and on the date stated above.

23a. SIGNATURE William E. Dwyer		(Degree or title)		23b. ADDRESS 1300 Lind Ave		23c. DATE SIGNED 5/4/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 7, 1951		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
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DATE REC'D BY LOCAL REG. MAY 4 1951		REGISTRAR'S SIGNATURE J. B. Kauter		25. FUNERAL DIRECTOR'S SIGNATURE Street & Carroll Work Co		ADDRESS	
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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.....

Student Embalmer No.....

Licensed Embalmer No. 4366

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.