

Dr. Milliken 2608 S. Kingshighway No. 300
10.45
GR 0928

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 13 1951

28705

State File No. 7863
Registrar's No. 7863

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		REGISTRAR'S NO. <u>7863</u>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4325 Duke St.</u>				d. STREET ADDRESS (If rural, give location) <u>4325 Duke St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>H.</u> c. (Last) <u>Schmitz</u>			4. DATE OF DEATH 9-3-1951 (Month) (Day) (Year)				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>3-3-1877</u>	9. AGE (in years last birthday) <u>74</u>	# UNDER 1 YEAR Months _____ Days _____	# UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Guard</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Guarantee Service Co</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Leonard Schmitz</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Waechter</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Schmitz</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>488-09-4049</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth Schmitz</u> ADDRESS <u>4325 Duke St</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>mitral stenosis (non compensatory)</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>mitral stenosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 yrs</u> <u>3 yrs</u>
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? <u>H/OX</u>			
22. I hereby certify that I attended the deceased from <u>2/1</u> , 19 <u>51</u> , to <u>9/3</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>9/2</u> , 19 <u>51</u> , and that death occurred at <u>4:45 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>L. H. Milliken M.D.</u> (Degree or title)				23b. ADDRESS <u>2608 S. Kingshighway</u>		23c. DATE SIGNED <u>9/4/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-6-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>10180 Gravois Road Mo</u>	
DATE REC'D BY LOCAL REG. <u>SEP 5 1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>6409 Gravois</u>			

(Licensed Embalmer - 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 _____

working under my personal supervision.

Student Embalmer No.

Signed Robert M. Murray

Signed.....
Student Embalmer

Licensed Embalmer No. 3749

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.