

FILED OCT 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35579

318

1003

State File No. ....

8878

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <b>ST. LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b> <b>2029</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5345 QUINCY</b>		d. STREET ADDRESS (If rural, give location) <b>5345 QUINCY</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>CECILIA</b> b. (Middle) <b>CLARA</b> c. (Last) <b>SCHMATT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>OCT 6 1951</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>FEB 15-1898</b>	9. AGE (In years last birthday) <b>53</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Mo.</b>		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <b>JOHN DOUBEK</b>	13b. MOTHER'S MAIDEN NAME <b>ANNA Klimec</b>	14. NAME OF HUSBAND OR WIFE <b>JOHN W. SCHMATT</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>JOHN W. SCHMATT</b>
		ADDRESS <b>5345 QUINCY</b>

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Embolism</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Pulmonary Asthma</b> DUE TO (c) <b>Hypertrophic osteo Arthritis</b>		<b>Feb. 1949</b> <b>Mar. 1947</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Myocardial Damage</b>		<b>Apr. 1948</b>	
19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>	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) <b>None</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>7250</b>

22. I hereby certify that I attended the deceased from **Feb. 10 1949** to **Oct. 6, 1951**, that I last saw the deceased alive on **Oct. 6, 1951**, and that death occurred at **4:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>No. [Signature]</b>	(Degree or title)	23b. ADDRESS <b>7767 Georgia Ave.</b>	23c. DATE SIGNED <b>10-7-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>OCT. 9-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION CAM</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS Mo.</b>

DATE REC'D BY LOCAL REG. <b>OCT 8 1951</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>2706 [Address]</b>
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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, .....

Student Embalmer No.....

Signed.....

*Leo J. Budde*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3989*

P. O. Address *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.