

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

 State File No. **3283**
0477

FILED FEB 8 1952		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY SAINT LOUIS				2. USUAL RESIDENCE (Where the deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) SAINT LOUIS		c. LENGTH OF STAY (in this place) 4511		c. CITY (If outside corporate limits, write RURAL and give township) Brentwood		d. STREET ADDRESS (If rural, give location) 2204 Parkridge Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION Frisco Hospital				d. STREET ADDRESS (If rural, give location) 2204 Parkridge Avenue			
3. NAME OF DECEASED (Type or Print) Leonie		a. (First) Leonie		b. (Middle) A.		c. (Last) Schmalz.	
4. DATE OF DEATH January 15-1952		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	
8. DATE OF BIRTH Feb 13 - 1898		9. AGE (In years last birthday) 53		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Frisco Railroad		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Alban H. Schmalz		13b. MOTHER'S MAIDEN NAME Henrietta Conrad		14. NAME OF HUSBAND OR WIFE -----			
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. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Alma Schmalz 2204 Parkridge			
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) Lymphosarcoma e metastasis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pyelonephritis. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 3-2-51		19b. MAJOR FINDINGS OF OPERATION Erosion 5th lumbar vertebrae				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) m. 1941	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 200.1					
22. I hereby certify that I attended the deceased from 20 Feb , 19 51 , to 15 Jan , 19 52 , that I last saw the deceased alive on 15 Jan , 19 52 , and that death occurred at 2:00 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Wesley W. Hiller M.D.				23b. ADDRESS 4960 hickadee		23c. DATE SIGNED 15 Jan 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal IL		24b. DATE Jan 18/1952		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co Missouri	
DATE REC'D BY LOCAL AG. JAN 16 1952		REGISTRAR'S SIGNATURE A. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons 7233 Delmar Blvd			

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Melvin F. Kemper*

Licensed Embalmer No. *4052*

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.