

FILED MAR 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4553

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 2432 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY OR TOWN <u>Meramec Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Meramec Twp. Stanton</u>	
c. LENGTH OF STAY (in this place) <u>64 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Rural, Meramec Twp. 0360</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>S.</u> c. (Last) <u>Schmuke</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 4, 1952</u>
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>Oct. 23, 1886</u>
9. AGE (In years last birthday) <u>65</u>		10. MONTHS <u>4</u>	11. DAYS <u>11</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mail Messenger</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Post Office</u>	11. BIRTHPLACE (State or foreign country) <u>Franklin County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Joseph Schmuke</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Tremmel</u>	14. NAME OF HUSBAND OR WIFE <u>Ida Mae Schmuke</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>498-01-4414</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ida Mae Schmuke Stanton, Missouri</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u> *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS ¹ 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 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) (Min.)	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>Feb 22, 1952</u> , to <u>March 3, 1952</u> that I last saw the deceased alive on <u>March 3, 1952</u> , and that death occurred at <u>3 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>A. F. Anderson M.D.</u>		23b. ADDRESS <u>Sullivan, Mo.</u>	23c. DATE SIGNED <u>3/5/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/7/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Anthony Catholic</u>	24d. LOCATION (City, town, or county) (State) <u>Sullivan, Missouri</u>
DATE REC'D BY LOCAL REG. <u>3-6-52</u>	REGISTRAR'S SIGNATURE <u>Chas. A. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thos. J. ... Sullivan</u>	

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

360
1

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 D. A. Humphrey

Licensed Embalmer No. 4722

P. O. Address Sullivan, 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.