

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23240**

FILED JUN 21 1952

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6079 Registrar's No. 27

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| 1. PLACE OF DEATH a. COUNTY <u>STE. Genevieve</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. Genevieve</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Zell-RURAL</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - 09 50</u> | |
| c. LENGTH OF STAY (In this place) <u>LIFE</u> | | d. STREET ADDRESS (If rural, give location) <u>Zell, Mo.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Zell, Mo.</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>XAVIER</u> c. (Last) <u>Schmelzle</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>6 14 52</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>Aug 29, 1877</u> | | 9. AGE (In years last birthday) <u>74</u> | | 10. KIND OF BUSINESS OR INDUSTRY <u>RETIRED FARMER</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Zell, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |

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| 13a. FATHER'S NAME <u>BERNARD Schmelzle</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARIA A. Schmutz</u> | | 13c. NAME OF HUSBAND OR WIFE <u>HELENA NAEGER.</u> | |
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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) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>No.</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Thomas Schmelzle</u> ADDRESS <u>Zell Mo</u> | |
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| 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) <u>Pericardial Anemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____ DUE TO (b) _____ DUE TO (c) _____ | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 Days</u> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial pneumonia</u> | | | | | | | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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| 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. | | 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 Feb. 3, 1952, to June 14, 1952, that I last saw the deceased alive on Feb 3, 1952, and that death occurred at 5:50 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Dr. Lawrence M.D.</u> (Degree or title) | | 23b. ADDRESS <u>Ste. Genevieve Mo.</u> | | 23c. DATE SIGNED <u>6/14/52</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>6/16/52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Josephs Catholic</u> | | 24d. LOCATION (City, town, or county) (State) <u>Zell Mo.</u> | |
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| DATE REC'D BY LOCAL REG. <u>6-18-52</u> | | REGISTRAR'S SIGNATURE <u>Teresa M. Hall - Dept.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Les C. Barber</u> ADDRESS <u>Ste. Genevieve, Mo.</u> | |
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(Licensed Embalmer's Statement on Reverse Side)

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

950
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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 Adrian J. Ehler

Licensed Embalmer No. 4740

P. O. Address St. Genevieve, 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.