

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30019**
Registrar's No. **7554**

FILED AUG 23 1952

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2109		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri ()		c. LENGTH OF STAY (in this place) 4 Days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		0
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1			d. STREET ADDRESS (If rural, give location) 10 3947 Greer Ave.		
3. NAME OF DECEASED (Type or Print) LOUISE		a. (First)	b. (Middle)	c. (Last) SCHMETZKHARDT	4. DATE OF DEATH (Month) (Day) (Year) August 6, 1952
5. SEX female 1	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH Sept. 1, 1870	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Otto Weber		13b. MOTHER'S MAIDEN NAME Katherine unknown		14. NAME OF HUSBAND OR WIFE deceased	
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. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Clarence J. Snodgrass, Springfield, Mo.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Perforated gastric ulcer				INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	II. OTHER SIGNIFICANT CONDITIONS				
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input 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) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 5401				
22: I hereby certify that I attended the deceased from Aug. 3, 1952 , to Aug. 6, 1952 , that I last saw the deceased alive on Aug. 6, 1952 , and that death occurred at 8:55P.m. , from the causes and on the date stated above.					
23a. SIGNATURE Doreen Barber		(Degree or title) M.D.	23b. ADDRESS 1515 Lafayette Ave.		23c. DATE SIGNED 8-7-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4	24b. DATE 8-8-52	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Missouri.	
DATE REC'D BY LOCAL REG. AUG 8 1952	REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc. 2161 E. Fair Ave.		

(Licensed Embalmer's 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. _____

Student
Student Embalmer

Signed W. H. Hays

Licensed Embalmer No. B 3737

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.