.S. No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36817

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9501

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

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1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Missouri Baptist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois b. COUNTY Sangamon

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Springfield 7129

d. STREET ADDRESS (If rural, give location) 2010 Wiggens

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) A. c. (Last) Schimenz

4. DATE OF DEATH (Month) Oct. (Day) 11, (Year) 1952

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH About
9. AGE (In years last birthday) 69 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Treasurer
10b. KIND OF BUSINESS OR INDUSTRY Sangamon Electric
11. BIRTHPLACE (City and State or Foreign Country) Springfield, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Martin Schminz
13b. MOTHER'S MAIDEN NAME Mary Schwartz
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS M.F.Schimenz, Springfield, Ill.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Parkinson Disease

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
Conditions contributing to the death but not related to the disease or condition causing death. Post Op edema of brain

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION 10/9/52
19b. MAJOR FINDINGS OF OPERATION Parkinson
20. AUTOPSY? YES [X] NO [ ]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? 350X

22. *I hereby certify that I attended the deceased from* 10/6/52, 19__, *to* 10/11/52, 19__, *that I last saw the deceased alive on* ~~10/11/52, 19__~~, *and that death occurred at* 7:35a *m., from the causes and on the date stated above.*

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23a. SIGNATURE [signature] (Degree or title)
23b. ADDRESS 4952 Maryland Avenue
23c. DATE SIGNED 10/13/52

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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 10-11-52
24c. NAME OF CEMETERY OR CREMATORY Oak Ridge
24d. LOCATION (City, town, or county) (State) Springfield, Ill.

DATE REC'D BY LOCAL REG. OCT 14 1952
REGISTRAR'S SIGNATURE [signature] MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.

(Licensed Embalmer's Statement on Reverse Side)

7 35 AM 1
RMC Kleinane

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~~ N/e

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Elton R. H. Remelius

Licensed Embalmer No. .....

P. O. Address .....

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.