

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40696

State File No. \_\_\_\_\_

FILED DEC 2 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10439**

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

|  |                           |   |   |
|--|---------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |                           | 2. USUAL RESIDENCE (Where deceased lived. *If institution: residence before admission).<br>a. STATE <b>Mo</b> b. COUNTY   |   |
| b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>St Louis Mo</b>  |                           | c. LENGTH OF STAY (In this place)   |   |
| c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>   |                           | 2212  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Christan Hospital</b>   |                           | d. STREET ADDRESS (If rural, give location) <b>21 1319a North 20th</b>  |   |
| 3. NAME OF DECEASED<br>a. (First) <b>Annastasia</b>  |                           | b. (Middle) <b>Schmitt</b>  |   |
| c. (Last)  |                           | 4. DATE OF DEATH (Month) (Day) (Year) <b>11-11-52</b>   |   |
| 5. SEX <b>F</b>  | 6. COLOR OR RACE <b>W</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>   | 8. DATE OF BIRTH <b>April 15*89</b>                                   |
| 9. AGE (In years last birthday) <b>63</b>  |                           | 10. KIND OF BUSINESS OR INDUSTRY <b>Leather Jacket</b>  | 11. BIRTHPLACE (City and State or Foreign Country) <b>St Louis Mo</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Operator</b>  |                           | 12. CITIZEN OF WHAT COUNTRY? <b>yes</b>   |   |
| 13a. FATHER'S NAME <b>Joseph Annis</b>   |                           | 13b. MOTHER'S MAIDEN NAME <b>Anna Rehl</b>  |   |
| 14. NAME OF HUSBAND OR WIFE <b>Peter Schmitt</b>   |                           | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>  |   |
| 16. SOCIAL SECURITY NO. <b>494-07-6697</b>   |                           | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Peter Schmitt 1319 N.20th</b>  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral occlusion</b><br><br>ANTECEDENT CAUSES<br>DUE TO (b) <b>Bronchopneumonia obliterans</b><br>DUE TO (c) <b>gangrene of the lower extremities</b><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |
| INTERVAL BETWEEN ONSET AND DEATH<br><b>four days</b><br><b>1 year</b><br><b>one month</b>  |                           |   |   |
| 19a. DATE OF OPERATION <b>Oct 27 52</b>  |                           | 19b. MAJOR FINDINGS OF OPERATION <b>none</b>  |   |
| 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)  |                           | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   |
| 21f. HOW DID INJURY OCCUR <b>4531</b>  |                           |   |   |
| 22. I hereby certify that I attended the deceased from <b>Sept. 29, 1952, to Oct. 11, 1952</b> , that I last saw the deceased alive on <b>Oct. 11, 1952</b> , and that death occurred at <b>3 P.</b> m., from the causes and on the date stated above. |                           |   |   |
| 23a. SIGNATURE (Degree or title) <b>Richard Klym M.D.</b>  |                           | 23b. ADDRESS <b>3626 N. 11th St</b>   |   |
| 23c. DATE SIGNED <b>11-12-52</b>   |                           |   |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  |                           | 24b. DATE <b>11-14-52</b>   |   |
| 24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>   |                           | 24d. LOCATION (City, town, or county) (State) <b>St Louis Mo</b>  |   |
| DATE REC'D BY LOCAL REG. <b>NOV 13 1952</b>  |                           | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Central Funeral Home 1841 Cass av</b>   |   |

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 Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed W. Wilkin

Licensed Embalmer No. 3575

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.