

43800

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

11263

FILED DEC 24 1952

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 11263	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4325 Duke St				d. STREET ADDRESS (If rural, give location) 15 4325 Duke St			
3. NAME OF DECEASED (Type or Print) Elizabeth		a. (First)		b. (Middle) Schmitz		c. (Last)	
4. DATE OF DEATH 12-7-1952		(Month) (Day) (Year)		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH 10-27-1878		9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John Wachter		13b. MOTHER'S MAIDEN NAME Mary Kunz		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 488-09-4049 D		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS 4325 Duke St			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage 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. Arterio-Sclerotic Hypertension				INTERVAL BETWEEN ONSET AND 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? 331X				22. I hereby certify that I attended the deceased from 11/17 , 19 52 , to 12/7 , 19 52 , that I last saw the deceased alive on 12/7 , 19 52 , and that death occurred at 7:30 P.M. , from the causes and on the date stated above.	
23a. SIGNATURE M. B. Edwards (Degree or title) M.D.		23b. ADDRESS CEDAR HILL, MO		23c. DATE SIGNED 12/8/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-10-1952		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Parl		24d. LOCATION (City, town, or county) (State) 10160 Gravois Road Mo	
DATE REC'D BY LOCAL DEC 8 1952		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Ziegenhein Bros. ADDRESS 6409 Gravois Ave			

S.P. (Licensed Embalmer's Signature on Reverse Side)

No. 300
10-48WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
2608 S. Kingshighway
DALLAS, TEXAS

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..... *Sam M. Simon*.....

Licensed Embalmer No. *04343*.....

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.