No. 300
10.48

FILED JAN 28 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 3727

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0327

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

0

**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) Nov. 3, 1952 Jan. 12, 1953

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

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

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, 2159

d. STREET ADDRESS (If rural, give location) 4646 Tennessee 0

**3. NAME OF DECEASED** (Type or Print) a. (First) John b. (Middle) ---- c. (Last) Schmitt.

**4. DATE OF DEATH** (Month) (Day) (Year) January 12, 1953

**5. SEX** Male 0

**6. COLOR OR RACE** White

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widower 2

**8. DATE OF BIRTH** June 15,1865

**9. AGE** (In years last birthday) 87 | 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) Retired

**10b. KIND OF BUSINESS OR INDUSTRY** Beer Bottler

**11. BIRTHPLACE** (City and State or Foreign Country) Germany 4

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** Unknown

**13b. MOTHER'S MAIDEN NAME** Unknown

**14. NAME OF HUSBAND OR WIFE** Anna

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) No (If yes, give war or dates of service) None

**16. SOCIAL SECURITY NO.** None

**17. INFORMANT'S SIGNATURE OR NAME** City Infirmary RECords, **ADDRESS** 5800 Arsenal 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cardio Arteriosclosis
DUE TO (c) Cerebral Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**

**19b. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?** YES ☐ 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?** 334X

22. *I hereby certify that I attended the deceased from* Nov. 3, 1952, *to* January 12, 1953, *that I last saw the deceased alive on* Jan. 12, 1953, *and that death occurred at* 2.00A. *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title) Palmer Romaine Bowdish M W 0

**23b. ADDRESS** 5800 Arsenal St.

**23c. DATE SIGNED** 1-12-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Removal

**24b. DATE** Jan.14,1953

**24c. NAME OF CEMETERY OR CREMATORY** St. Trinity Cemetery

**24d. LOCATION** (City, town, or county) (State) 2000 Lemay Ferry Road

**DATE REC'D BY LOCAL REG.** JAN 12 1953

**REGISTRAR'S SIGNATURE** J Carl Smith M D

**25. FUNERAL DIRECTOR'S SIGNATURE** C. Hoffmeister U. & L. Co. **ADDRESS** 7814 So. Broadway St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

## 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 Louis C. Hoffman

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadw

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.