

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16184**
Registrar's No. **4197**

FILED MAY 14 1953

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 Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crystal City, Missouri 0501	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hosp.		d. STREET ADDRESS (If rural, give location) 116 Broadway	

3. NAME OF DECEASED (Type or Print) a. (First) Leo b. (Middle) F. c. (Last) Schmitz	4. DATE OF DEATH (Month) (Day) (Year) Apr. 20 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 27 1926	9. AGE (In years last birthday) 26	IF UNDER 1 YEAR Month 11 Day 23	IF UNDER 100 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glass worker	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Frank Schmitz	13b. MOTHER'S MAIDEN NAME Iva Becker	14. NAME OF HUSBAND OR WIFE Loretta Schmitz
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15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give year or dates of service) Yes World War I	16. SOCIAL SECURITY NO. 486 22 5459	17. INFORMANT'S SIGNATURE OR NAME Loretta Schmitz (Wife)	ADDRESS Crystal City
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day 3 years.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Essential Hypertension 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? 331X
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22. I hereby certify that I attended the deceased from **April 20, 1953**, to **April 20, 1953**, that I last saw the deceased alive on **never**, 19____, and that death occurred at **2:30 PM**, from the causes and on the date stated above.

23a. SIGNATURE Martin W. Davis, MD	(Degree or title)	23b. ADDRESS 589 N. Grand	23c. DATE SIGNED Apr. 20, 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/22/53	24c. NAME OF CEMETERY OR CREMATORY Festus Methodist	24d. LOCATION (City, town, or county) (State) Festus, Mo.
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DATE REC'D BY LOCAL REG. APR 23 1953	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE James R. Cady	ADDRESS Crystal City Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

VS DEC 16 1960

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 _____

Licensed Embalmer No. 360

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.