

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16195

State File No.

FILED MAY 15 1953

4094

| | | | | | | | | | | | | | |
|---|--|---|-----------------------|--|---|--|--|---|--------------------------------|---|--|--|--|
| BIRTH NO. | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. | | | | | | | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | | | | b. COUNTY St. Louis | | | | | |
| b. CITY OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN Lemay 4850 | | d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital | | | | e. STREET ADDRESS (If rural, give location) 144 Sigsbee | | | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | | a. (First) IDA | | | b. (Middle) JOHANNA | | | c. (Last) SCHWARTZMEYER | | | | |
| 4. DATE OF DEATH | | | (Month) April | | | (Day) 19 | | | (Year) 1953 | | | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH April 1, 1894 | | 9. AGE (In years last birthday) 59 | | IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0 | | IF UNDER 12 HRS. Hours 0 Min. 0 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | | | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis County, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13a. FATHER'S NAME Henry Guhe | | | | 13b. MOTHER'S MAIDEN NAME Katherine Buckstruck | | | | 14. NAME OF HUSBAND OR WIFE Louis Sr. | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME Louis Schwartzmeyer | | | | | | ADDRESS 144 Sigsbee, Lemay, 23 Mo. | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy | | | | | | | | and day | | | |
| | | ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | | | | | | 2 years | | | |
| | | DUE TO (b) arteriosclerosis | | | | | | | | 2 years | | | |
| | | DUE TO (c) Sickness Military | | | | | | | | 2 years | | | |
| | | 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 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) (m.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | 21f. HOW DID INJURY OCCUR? 260X | | | | | | | | |
| 22. I hereby certify that I attended the deceased from Jan 1 , 19 50 , to April 19 , 19 53 , that I last saw the deceased alive on April 19 , 19 53 , and that death occurred at 11:30A :m., from the causes and on the date stated above. | | | | | | | | | | | | | |
| 23a. SIGNATURE A. W. Peters M.D. | | | | | 23b. ADDRESS 4145 S. Grand | | | 23c. DATE SIGNED April 20/53 | | | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE April 22, 1953 | | 24c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery | | | 24d. LOCATION (City, town, or county) (State) 1800 Lemay Ferry Road Lemay, Mo. | | | | | | |
| DATE REC'D BY LOCAL REG. APR 20 1953 | | REGISTRAR'S SIGNATURE J. Carl Smith M.D. | | | FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister U. & L. Co. | | | ADDRESS 781 1/2 So. Broadway St. Louis 11 Mo. | | | | | |

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

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.....
Signature of Student Embalmer

Signed *Harry J. Schumacher*
Licensed Embalmer No. *2679*

P. O. Address *7814 E. Pinedale*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.