No. 300
10.46

FILED DEC 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41571

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 3003

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN St. Louis
c. LENGTH OF STAY (in this place) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Catherine Schymos

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN Kirkwood Mo
d. STREET ADDRESS (If rural, give location) 2321 W Big Bend

3. NAME OF DECEASED (Type or Print)
a. (First) CATHERINE
b. (Middle)
c. (Last) SCHYMOS

4. DATE OF DEATH (Month) (Day) (Year) Nov. 19, 1953

5. SEX F
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Nov. 26, 1878
9. AGE (In years last birthday) 74 | If under 1 year: Months 11 Days 23 | If under 24 hrs.: 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 Own Home
11. BIRTHPLACE (City and State or Foreign Country) Kirkwood, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wm. Groth
13b. MOTHER'S MAIDEN NAME Elizabeth Berthold
14. NAME OF HUSBAND OR WIFE Joseph Schymos

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ben Groth, 6055 S. Spaulding, Chicago

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) Congestive Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 11-15-53

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Diabetes Mellitus

DUE TO (c) Cerebral Vascular Lesion

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 260X
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?

22. I hereby certify that I attended the deceased from Nov 1, 1953, to Nov 18, 1953, that I last saw the deceased alive on 11-18, 1953 and that death occurred at 6:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE [illegible] (Degree or title) MD
23b. ADDRESS 227 E Lockwood
23c. DATE SIGNED 11-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11/21/53
24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery
24d. LOCATION (City, town, or county) (State) Kirkwood, Mo.

DATE REC'D BY LOCAL REG. 11-20-53
REGISTRAR'S SIGNATURE Herbert R. Donke
25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Bopp Inc.
ADDRESS Kirkwood Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 _____
Student Embalmer

Signed Ronald O. Yohnke

Licensed Embalmer No. 3917

P. O. Address St Louis

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.