

FILED SEP 6 1955

STANDARD CERTIFICATE OF DEATH

State File No. 28716

BIRTH NO. REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 6186 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY Taney		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brown Branch		c. CITY OR TOWN Pine Lawn	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 8 yrs.		e. STREET ADDRESS (If rural, give location) 3720 Salome, 20	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Brown Branch, Missouri.			

3. NAME OF DECEASED (Type or Print) Grover	a. (First) C.	b. (Middle) Schmol	c. (Last) Schmol	4. DATE OF DEATH (Month) (Day) (Year) Aug. 20 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 4, 1884	9. AGE (In years last birthday) 70 yrs	10. IF UNDER 1 YEAR Days	11. IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) District Traffic Agt.	10b. KIND OF BUSINESS OR INDUSTRY Southern Railway	11. BIRTHPLACE (City and State or Foreign Country) Princeton, Indiana	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Schmol	13b. MOTHER'S MAIDEN NAME Emma Youngman	14. NAME OF HUSBAND OR WIFE Emma G. Schmol (Meyer)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Emma G. Schmol, 3720 Salome, 20	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Instant
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun shot wound		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ill health 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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Brown Branch Taney Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 20 1955 1 P m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Shot self in mouth with 32 Cal. Rifle

22. I hereby certify that I attended the deceased from 8-20, 1955, to 8-20, 1955, that I last saw the deceased on 8-20, 1955, and that death occurred on 8-20, 1955, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harry Feutz, Coroner	23b. ADDRESS Brown Mo	23c. DATE SIGNED 8-24-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 24, 1955	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri.
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DATE REC'D BY LOCAL REG. 8-29-55	REGISTRAR'S SIGNATURE Helen Campbell 514	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CALVIN F. FEUTZ, 4828 NAT'L BRIDGE, 15
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 16 1957

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..... *Walter S. Cobb* .....

Licensed Embalmer No... *772* .....

P. O. Address... *Longth 7* .....

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.