

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **35141****9244**BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Pacific Hospital		f. STREET ADDRESS (If rural, give location) 15 2925 a Meramec St.	
3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) (Hy) c. (Last) Schmittgens Jr.		4. DATE OF DEATH (Month) (Day) (Year) Oct 22 1955	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 25, 1883
9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Traffic Manager	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
10b. KIND OF BUSINESS OR INDUSTRY Terminal R.R.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Schmittgens		13b. MOTHER'S MAIDEN NAME Sophia Gildehaus	14. NAME OF HUSBAND OR WIFE Anna Schmittgens
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Schmittgens 2925 a Meramec St.

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) Generalized Peritonitis		DUE TO (b) due to Perforation of 0.1		12 hrs
DUE TO (c) duodenal ulcer		II. OTHER SIGNIFICANT CONDITIONS		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis Gen		2 years
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION advanced		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 540.1
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? 540.1
22. I hereby certify that I attended the deceased from Oct 22, 1955 , to Oct 22, 1955 , that I last saw the deceased alive on Oct 22, 1955 , and that death occurred at 12:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Type or Print) Edward B. Hosts, M.D.		23b. ADDRESS Mo. Pac. Hosp.	23c. DATE SIGNED 10/24/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 25, 1955	24c. NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul Cem.	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
DATE REC'D BY LOCAL REG. OCT 24 1955	REGISTRAR'S SIGNATURE Charles Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. Schumacher 3013 Meramec St.	

(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.....
Signature of Student Embalmer

Signed *Jack Hanzel*.....

Licensed Embalmer No. *4746*.....

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