

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42576

State File No. ....

10159

FILED JAN 17 1956

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 <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>St. Louis</b>		d. Is 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 <b>St. Louis City Hospital</b>			e. STREET ADDRESS (If rural, give location) <b>5 5202 Maple Ave. 20-10</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Fredrick</b>		b. (Middle) <b>H.</b>	c. (Last) <b>Schemmer</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 19, 1955</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 1, 1878</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Meat Cutter</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Charles Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Gerhardt Schemmer</b>		13b. MOTHER'S MAIDEN NAME <b>Julianne Schultz</b>		14. NAME OF HUSBAND OR WIFE <b>Ida Elizabeth Schemmer</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>494-03-8075</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ida E. Schemmer, 5202 Maple Ave.</b>			
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.	<p align="center"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pyelonephritis; Pulmonary Congestion; Uremia</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Fracture of the right femur;</b> DUE TO (c) <b>suffered in fall at Saint Louis Charitas Hospital.</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>see May 6th 1955 Accident</b>			20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Hosp</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo</b>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>May 6 55 ? m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>see 9047-45</b>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <b>Patrick Taylor Caravel</b>			23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>11.21.55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>11-23-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>City</b>	24d. LOCATION (City, town, or county) (State) <b>Wentzville, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>NOV 21 1955</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>			

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 *John J. Quinn*.....  
Licensed Embalmer No. *4114*  
P. O. Address *Spencer*.....

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.