No. 300
10.46

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

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7176

State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1699

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DePaul Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 5315 N. Kingshighway 2074

3. NAME OF DECEASED (Type or Print)
a. (First): Fred
b. (Middle): F. S
c. (Last): Schmalz

4. DATE OF DEATH (Month) (Day) (Year): Feb 14 1956

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 30 1892
9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Parts Mgr.
10b. KIND OF BUSINESS OR INDUSTRY: Bussman Fuse
11. BIRTHPLACE (City and State or Foreign Country): Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Schmalz
13b. MOTHER'S MAIDEN NAME: Margaret McHugh
14. NAME OF HUSBAND OR WIFE: Mildred Schmalz

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.: 490 03 235
17. INFORMANT'S SIGNATURE OR NAME: Mildred Schmalz
ADDRESS: 5315 N. Kingshighway

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): 60% 3rd Degree Burns.
INTERVAL BETWEEN ONSET AND DEATH: 9 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

OK James M. Kelly Deputy Coroner 2-17-56

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Multiple Dressings and Skin Grafts.
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St. Louis, Mo E 916-0
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12 10 55 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Flame Burn, Cleaning with Gasoline

22. *I hereby certify that I attended the deceased from* 12-10, 1955, *to* 2-14, 1956, *that I last saw the deceased alive on* 2-13, 1956, *and that death occurred at* 1:50 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. O. Schrepel (Degree or title): M.D.
23b. ADDRESS: 634 No Grand, St. Louis Mo
23c. DATE SIGNED: 12-16-56

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 2/17/56
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis Mo.

DATE REC'D BY LOCAL REG.: FEB 17 1956
REGISTRAR'S SIGNATURE: Carl Smith MD
mjs
25. FUNERAL DIRECTOR'S SIGNATURE: Buchholz Mortuary
ADDRESS: 5967 W. Florissant
(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 455

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.