Health, Welfare Public Service

S. 300
1-56

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 22 1957

STATE FILE NUMBER 15230

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2881

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN JENNINGS 4028 D — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) MISSOURI BAPTIST HOSPITAL-1 DAY 16 — Length of stay in 1b 27	d. STREET ADDRESS (If outside, give location) 9414 Altonwood Dr. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: ALMIRA Middle: - - - Last: SCHMIEDESKAMP		4. DATE OF DEATH Month Day Year: MARCH 24, 1957.	
5. SEX: FEMALE	6. COLOR OR RACE: WHITE	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: July 28, 1906.
9. AGE (In years last birthday): 50	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): HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): ST. LOUIS, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: ALBERT W. WEHMEIER		14. MOTHER'S MAIDEN NAME: EMMA WEISS	
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 Address: HARRY J. SCHMIEDESKAMP, 9414 Altonwood Dr	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pelvic Abscess

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Peritonitis, Pelvic

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 626

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-9-57, to 3-24-57 and last saw her/him alive on 3-24-57

Death occurred at 12:45 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph E Carney MD

22b. ADDRESS 906 Olive St

22c. DATE SIGNED 3-25-57

23a. BURIAL, CREMATION, REMOVAL (Specify): CREMATION	23b. DATE: 3/27/57.	23c. NAME OF CEMETERY OR CREMATORY: VALHALLA CREMATORY	23d. LOCATION (City, town, or county) (State): ST. LOUIS COUNTY, MO.
24. FUNERAL DIRECTOR ADDRESS: CALVIN F. FEUTZ FUNERAL HOME, INC. 4828 Natural Bridge Blvd., St. Louis, Mo.	25. DATE RECD. BY LOCAL REG.: MAR 25 '57	26. REGISTRAR'S SIGNATURE: Earl Smith MD MJB	

(Licensed Embalmer's Statement on Reverse Side)

securing the medical certification in the specific manner required by 193.140 Mo. Rev. Stat. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

9 A.M. to 2 P.M.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed John A. Wilson

Licensed Embalmer No. 418

P. O. Address St. Louis

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