

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.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27083
STATE FILE NUMBER

FILED AUG 5 1957

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1813

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sappington		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Sappington 4000		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5244 S Lindbergh			Length of stay in 1b 18 years	d. STREET ADDRESS (If outside, give location) 5244 S Lindbergh			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Augusta Middle Schmitt Last Schmitt				4. DATE OF DEATH Month July Day 24 Year 1957			
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec 13, 1893		9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and state or country) St. Louis Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME August Juengel				14. MOTHER'S MAIDEN NAME -----Metzger			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 494-42-6706		17. INFORMANT Address John Schmitt 5244 S Lindbergh			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction						INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hr	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Essential hypertension				year	
		DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY. Hour 4:20 Month 1 Day 1 Year 1957 a. m. 0 p. m. 0							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 1950 Jan. to July 24 1957 and last saw her alive on 7-24-57 Death occurred at 10:30 P. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Robert D. Tichenor M.D.				22b. ADDRESS P.O. Box 6 Sappington 23 Mo		22c. DATE SIGNED 7-25-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 7/27/1957	23c. NAME OF CEMETERY OR CREMATORY St. Lucas Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		
24. FUNERAL DIRECTOR ADDRESS J L Ziegenhein & Sons 7027 Gravois				25. DATE RECD. BY LOCAL REG. 7-26-57		26. REGISTRAR'S SIGNATURE Hechee K. Somke	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

St. Louis, Mo. St. Louis, Mo.
 Notary Public Notary Public
 State of Missouri State of Missouri
 July 20, 1932 August 1, 1932
 Dec 12, 1932 Dec 12, 1932
 St. Louis Co., Mo. St. Louis Co., Mo.
 USA USA
 Register Register
 Schmitt Schmitt
 No. No.

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 *Donald E. B...*
 Licensed Embalmer No. *48*
 P. O. Address *7017*

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