

Health,
& Welfare
Public
Service
958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031409

STATE FILE NUMBER

FILED SEP 15 1958

Registration District No. 319

Primary Registration District No. 4469

Registrar's No. 61

S. 300
1.-57

1. PLACE OF DEATH a. COUNTY STE. GENEVIEVE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY STE. GENEVIEVE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN STE. GENEVIEVE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN STE. GENEVIEVE 09-58 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1046 MARKET ST		Length of stay in lb 46 yrs	d. STREET ADDRESS (If outside, give location) 1046 MARKET ST Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JOHN Middle EDWARD Last SCHMELZLE			4. DATE OF DEATH Month SEPT Day 11 Year 1958		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT 26 1881	9. AGE (In years last birthday) 76	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) LABORER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) STE. GENEVIEVE MO	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME NICHOLAS SCHMELZLE		13b. MOTHER'S MAIDEN NAME FRAN. ROESCH		14. NAME OF HUSBAND OR WIFE MARY ROTH	
---	--	--	--	---	--

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. 492-03-4738	17. INFORMANT Joseph Schmeltzle Ste. Genevieve Mo Address
--	---	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cardiac Dilatation		INTERVAL BETWEEN ONSET AND DEATH Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arterial Hypertension	2
	DUE TO (c) Arterial Sclerosis 443XH	2

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Ca. of Prostate, Renal Calculi		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 a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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 Oct 1957 to Sept 11-58 and last saw him alive on Sept 10-1958 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edwards M.D.	22b. ADDRESS Ste Genevieve Mo	22c. DATE SIGNED 9-12-58
---	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) 9/13/58	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY VALLE SPRING	23d. LOCATION (City, town, or county) (State) STE. GENEVIEVE MO
---	-----------	---	---

24. FUNERAL DIRECTOR BASKER	ADDRESS Ste. Genevieve, Mo	25. DATE RECD. BY LOCAL REG. 9-12-58	26. REGISTRAR'S SIGNATURE John Baker
---------------------------------------	--------------------------------------	--	--

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

SEP 18 1958

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 *Admiral J. E. Eble*

Licensed Embalmer No. *4740*
P. O. Address *St. Denver*

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.