

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007609

STATE FILE NUMBER

2 923
Registrar's No.

FILED FEB 24 1959 Registration District No. Primary Registration District No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN East St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis - Little Rock Hos., Inc.			Length of stay in lb 29 days		d. STREET ADDRESS 1374 N. 23rd St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Albert Middle George Last Schmeling				4. DATE OF DEATH Month Jan. Day 27 Year 1959			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 27, 1965		9. AGE (In years last birthday) 93	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pensr. Boilermaker	10b. KIND OF BUSINESS OR INDUSTRY Terminal Railroad		11. BIRTHPLACE (City and state or country) Germany 4		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME George Schmeling				14. MOTHER'S MAIDEN NAME Steffon			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. Edwin Christman, 1374 N. 23rd - Ill.			
18. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) FRACTURES Right HUMERUS-RADIUS CONDITIONS, IF ANY, DUE TO (b) Right FEMOR- which gave rise to above cause (d), stating the under-lying cause last. DUE TO (c) BRONCHO-PNEUMONIA PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) E 904.0 21							INTERVAL BETWEEN ONSET AND DEATH 12-30-58 12-30-58
20a. ACCIDENT <input checked="" 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.) Fall at HOME						
20c. TIME OF INJURY 2 Hour a. m. 12 p. m. Month, Day, Year 30 58	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 7E Home						
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION 712 E. St. Louis		COUNTY		STATE Illinois		
21. I attended the deceased from Dec. 30 1958 to Jan 27, 1959 and last saw him alive on Jan 26, 1959 Death occurred at 11:55 A. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) J. A. Lembeck M.D.				22b. ADDRESS 1755 S. Grand		22c. DATE SIGNED 1-27-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-30-1959	23c. NAME OF CEMETERY OR CREMATORY St. Clair Memorial Park		23d. LOCATION (City, town, or county) (State) E. St. Louis, Ill.			
24. FUNERAL DIRECTOR Kurrus Funeral Home, E. St. Louis, Ill.			25. DATE RECD. BY LOCAL REG. JAN 27 '59	26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 CORNER PAT TAYLOR REQUESTS UNDERTAKER TO BRING CERTIFICATE TO HEALTH DEPARTMENT

STATEMENT BY LICENSED EMBALMER

NOT Embalmed
Chas. H. ...

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.