THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-015681

STATE FILE NUMBER 2 3784

FILED MAY 6 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No.

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 2804 Osage Street — Length of stay in 1b 70 yrs	d. STREET ADDRESS (If outside, give location) 2804 Osage Street — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First ELIZABETH Middle Last SCHMITT		4. DATE OF DEATH Month Day Year April 14, 1959	
5. SEX female	6. COLOR OR RACE white	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]	8. DATE OF BIRTH May 7, 1869
9. AGE (In years last birthday) 89	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) housework	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and state or country) Pevely, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Stahl	13b. MOTHER'S MAIDEN NAME Anna Rabe	14. NAME OF HUSBAND OR WIFE Henry J. Schmitt	
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. --	17. INFORMANT Address Mrs. Frieda Pilgrim, 2804 Osage Street	

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

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Thrombosis	2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	ch Vascular Heart disease	yrs
DUE TO (c)	ch Chronic Nephritis	yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 592 X

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 Jan 1 - 59, to April 13th and last saw her/him alive on April 13 - 59

Death occurred at 9:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J H S Byrne M.D.	22b. ADDRESS 2752 Chambers	22c. DATE SIGNED 4-16-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE Apr.17,1959	23c. NAME OF CEMETERY OR CREMATORY Immanuel Cemetery	23d. LOCATION (City, town, or county) (State) Pevely, Missouri
24. FUNERAL DIRECTOR BEIDERWIEDEN	ADDRESS F.H.INC.1936 St.Louis Ave	25. DATE RECD. BY LOCAL REG. APR 17 '59	26. REGISTRAR'S SIGNATURE M.B. Carl Smith, M.D.

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Dr. Herbert S. Pyne
2752a Cherokee St.

1:30 to 5 PM Thursday

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 .....

Licensed Embalmer No. 4520

P. O. Address St. Louis/

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.