

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015684

STATE FILE NUMBER

2 3857

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 (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 ST. LOUIS
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ALEXIAN BROS. HOSPITAL		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 3650th MINNESOTA
3. NAME OF DECEASED (Type or print) First STEVE Middle Last SCHMUTZ		4. DATE OF DEATH Month APRIL Day 18 Year 1959	
5. SEX MALE	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 FEB 2 1904
10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired) OLDER		10b. KIND OF BUSINESS OR INDUSTRY BUSCH BREWERY	9. AGE (In years last birthday) 55
11. BIRTHPLACE (City and state or country) ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U-S-A	
13. FATHER'S NAME AUGUST SCHMUTZ		14. MOTHER'S MAIDEN NAME ELSIE HUSTER	
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. 492-07-8698	
17. INFORMANT NITA SCHMUTZ		Address 3650th MINNESOTA	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intestinal Obstruction, ileum Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) volvulus of ileum & Post DUE TO (c) operative Resection PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). Acute Enteric Colitis			INTERVAL BETWEEN ONSET AND DEATH 3 day 1 "
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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 Month, Day, Year a. m. p. m.	
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 4/16/59 to 4/18/59 and last saw her alive on 4/18/59 Death occurred at 4:15 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Last name or title) Louis L. Johnson M.D.		22b. ADDRESS 3207 So Grand	
22c. DATE SIGNED 4/18/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE APR. 20 1959	23c. NAME OF CEMETERY OR CREMATORY CONCORDIA CEM.	23d. LOCATION (City, town, or county) ST. LOUIS MO.
24. FUNERAL DIRECTOR Thomas Kutis 2906 Gravois		25. DATE RECD. BY LOCAL REG. APR 20 '59	
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.			

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Eleana Poirine*

Licensed Embalmer No. 35

P. O. Address *Jennu*

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.