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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-019597
STATE FILE NUMBER

FILED JUN 1 1959 Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 4790

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) Bernard Nursing Home — Length of stay in Ib 4 yrs.	d. STREET ADDRESS (If outside, give location) 4557 Ray Avenue — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Lilly Middle: (N.M.I.) Last: Schmahlenberger			4. DATE OF DEATH Month Day Year: May 14, 1959
5. SEX: Female	6. COLOR OR RACE: Caucasian	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]	8. DATE OF BIRTH: January 26, 1882
9. AGE (In years last birthday): 77 years	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): Rerired	10b. KIND OF BUSINESS OR INDUSTRY: Housewife	11. BIRTHPLACE (City and state or country): St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Henry Haas	13b. MOTHER'S MAIDEN NAME: Martha (unknown)	14. NAME OF HUSBAND OR WIFE: John Schmahlenberger (Dec.)	
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.: None	17. INFORMANT: Mrs. A.F. Delling, 928 Dwyer Ave, Glendale Mo.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) hemiplegia — INTERVAL BETWEEN ONSET AND DEATH 6 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) 352x

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 [ ] NO [X]

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 1953, to 1959 and last saw her/him alive on 5-14-59

Death occurred at 4:20 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ralph Berg (Degree or title) M.D.	22b. ADDRESS 3203 S. Grand	22c. DATE SIGNED 5/16/59	
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 5/18/1959	23c. NAME OF CEMETERY OR CREMATORY: St. Pauls Churchyard	23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri
24. FUNERAL DIRECTOR ADDRESS: Hoffmeister Colonial Mortuary	25. DATE REC'D BY LOCAL REG.: MAY 18 '59	26. REGISTRAR'S SIGNATURE: Roan Smith, M.D.	

6464 Chippewa Street, St. Louis, Mo. (Licensed Embalmer's Statement on Reverse Side)

mgc

JUN 1 1986

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 John L Denne

Licensed Embalmer No. 4194

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.