

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

~~CONFIDENTIAL~~

FILED VS. MAR 8 1960

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. ANTHONY HOSP		d. STREET ADDRESS (If outside, give location) 3326 TEXAS	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JOHN Middle N Last SCHIMMER			4. DATE OF DEATH Month FEB Day 25 Year 1960
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 OCT 13 1891
9. AGE (last birthday) 68		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED BREWERY WORKER		10b. KIND OF BUSINESS OR INDUSTRY BUSCH BREWERY	11. BIRTHPLACE (City and state or country) AUSTRIA HUNGARY U-S-A
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME NICK SCHIMMER	
13b. MOTHER'S MAIDEN NAME CATHERINE HAUBRICH		14. NAME OF HUSBAND OR WIFE ANNA SCHIMMER	
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. ---	
17. INFORMANT ANNA SCHIMMER		Address 3326 TEXAS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SARCOMA OF THE SACRUM & METASTASES to the Central Nervous System DUE TO (b) 196.6 DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PULMONARY EMPHYSEMA + CORPULMONALE			INTERVAL BETWEEN ONSET AND DEATH 6 MOS
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 2/24/60 to 2/25/60 and last saw ^{her} _{him} alive on 2/25/60 Death occurred at 9:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Charles B. Ledner (Degree or title)		22b. ADDRESS 7430 Virginia Ave	
22c. DATE SIGNED 2/26/60			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE FEB 29 1960	23c. NAME OF CEMETERY OR CREMATORY ST. PETER + PAUL	23d. LOCATION (City, town, or county) (State) ST. LOUIS MO
25. DATE RECD. BY LOCAL REG. FEB 27 1960		26. REGISTRAR'S SIGNATURE Harold Smith, M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eleanor Province

Licensed Embalmer No. 3403

P. O. Address 7906 Province

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.