URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS FEB 25 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 1902 — 60 — STATE FILE NUMBER 008828

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 72 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 4917 Arlington Avenue
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO.
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 4917 Arlington Avenue
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First GEORGE Middle F. Last SCHMELZER

4. DATE OF DEATH: Month Feb. Day 17, Year 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: June 29, 1871
9. AGE (last birthday): 88
IF UNDER 1 YEAR: Months ___ Days ___
IF UNDER 24 HR: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Smith-Davis Bed CO.
11. BIRTHPLACE (City and state or country): Belleville, Illinois
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: WM. Schmelzer
13b. MOTHER'S MAIDEN NAME: Sophie Fine
14. NAME OF HUSBAND OR WIFE: Elizabeth Schmelzer

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.: 491-12-9074A
17. INFORMANT: Elizabeth Schmelzer Address: 4917 Arlington Av.

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): Arteriosclerotic Heart — INTERVAL BETWEEN ONSET AND DEATH: 5.6.40
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): generalized arteriosclerosis — 20 yrs
DUE TO (c): 420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): partial duodenal obstruction

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 5.6.40 to 2.17.60 and last saw him alive on 2.10.60
Death occurred at 8:05 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Chas Jost M.D. (Degree or title)
22b. ADDRESS: 6000 W Florissant
22c. DATE SIGNED: 2.17.60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Feb. 19, 1960
23c. NAME OF CEMETERY OR CREMATORY: St. Peters Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County MO.

24. FUNERAL DIRECTOR: SUEDMEYER & SON'S
ADDRESS: 3934 N. 20th Street
25. DATE RECD. BY LOCAL REG.: FEB 18 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.
(Licensed Embalmer's Statement on Reverse Side) MO. Earl Smith, M.D.

DOCUMENT

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 Stanley H. Dixon

Licensed Embalmer No. 419

P. O. Address St. Louis

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