

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025175

FILED VS. JUN 20 1960

317

Primary Registration District No. 544

Registrar's No. 1727

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KIRKWOOD		Length of stay in 1b DAYS	c. CITY OR TOWN CRESCENT Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) CRESCENT MO Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOSEPH Middle J Last SCHIMSA			4. DATE OF DEATH Month JUNE Day 1 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 SEPT 4 1903
9. AGE (last birthday) 56		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) BEER BOTTLER		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and state or country) TEXAS
12. CITIZEN OF WHAT COUNTRY U-S-A		13a. FATHER'S NAME WILLIAM SCHIMSA	13b. MOTHER'S MAIDEN NAME ROSE ONDRUE
14. NAME OF HUSBAND OR WIFE MARY SCHIMSA		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. unk.
17. INFORMANT MARY SCHIMSA		Address CRESCENT MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aspiratio pneumonia			INTERVAL BETWEEN ONSET AND DEATH 2 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Esophogeal obstruction			2 month
DUE TO (c) Recurrent esophogeal carcinoma			1 yr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown
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 _____ a.m. _____ p.m.	Month, Day, Year		
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 1 yr to 8 1/2 A and last saw her him alive on 5/31/60 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) James C. Vest M.D.		22b. ADDRESS 634 N. Grand	22c. DATE SIGNED 6/2/60
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 6-4-60	23c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul	23d. LOCATION (City, town, or county) (State) ST LOUIS, MO
24. FUNERAL DIRECTOR Thomas Kutis	ADDRESS 2906 Graven	25. DATE RECD. BY LOCAL REG. 6-2-60	26. REGISTRAR'S SIGNATURE John C. Mumfley M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JUN 21 1960

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

James C. Hill

Licensed Embalmer No. 4347

P. O. Address 2906 Dr

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.