URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-040440

STATE FILE NUMBER

FILED/VS OCT 24 1960

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 2953

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirkwood
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Joseph Hospital
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Webster Groves
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 647 Lilac Ave
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: WARREN Middle: A. Last: SCHMITT
4. DATE OF DEATH: Month 10 Day 8 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 6-28-1921
9. AGE (last birthday): 39 Years
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): Contractor
10b. KIND OF BUSINESS OR INDUSTRY: Self Employed
11. BIRTHPLACE (City and state or country): St. Louis Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Edward H. Schmitt
13b. MOTHER'S MAIDEN NAME: Mabel Ruedlin
14. NAME OF HUSBAND OR WIFE: Janet Schmitt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W.#2
16. SOCIAL SECURITY NO.: 495-16-3457
17. INFORMANT: Janet Schmitt Address: Webster Groves Mo

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): Severe crush injury of lower abdomen with crushed pelvis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
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. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Struck a rut while operating a tractor, leveling ground, during the course of which operation he was thrown from same and run over by the rear wheel.
20c. TIME OF INJURY: Hour XX p.m. Month, Day, Year: 10/8/60
20d. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): excavating lot
20f. CITY, TOWN, OR LOCATION: Near Fenton COUNTY: St. Louis STATE: Missouri

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 9:40 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title): Coroner
22b. ADDRESS: 601 So. Brentwood, Clayton Mo
22c. DATE SIGNED: 10/12/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-12-1960
23c. NAME OF CEMETERY OR CREMATORY: National Cemetery
23d. LOCATION (City, town, or county) (State): Jefferson Barracks Mo Mo

24. FUNERAL DIRECTOR: Ziegenhein Bros. ADDRESS: 6409 Gravois Ave
25. DATE RECD. BY LOCAL REG.: 10-10-60
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

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_____ Signed Herbert J. Gau Jr.

Signature of Student Embalmer

Licensed Embalmer No. 480

P. O. Address Kirkwood

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