

FILED VS FEB 1 1961

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=61-003632

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **683**

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

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, Mo.		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 Incarnate Wd. Hosp.		d. STREET ADDRESS (If outside, give location) 6409 S. Kingshighway	
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 Middle Last John R. Schmitt			4. DATE OF DEATH Month Day Year Jan. 23, 1961
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 Jan. 21, 1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ref. City Inspector City of St. Louis		11. BIRTHPLACE (City and state or country) St. Genevieve Mo.	9. AGE (last birthday) 78
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Bernard Schmitt		13b. MOTHER'S MAIDEN NAME Unk.	14. NAME OF HUSBAND OR WIFE Mary Schmitt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. unk	17. INFORMANT Mrs. Mary Schmitt
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Compound Comminuted Fracture of left leg; Bed sores; Dehydration; Comminuted Frac. Rt. Knee; following injuries suffered when struck by car operated by one Max Nuttli, that went out of control in front of about 6409 S. Kingshighway about DUE TO (b) 1:25 p.m. on Nov. 1st, 1960. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1:25 p.m. on Nov. 1st, 1960.			INTERVAL BETWEEN ONSET AND DEATH <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) see above.	
20c. TIME OF INJURY Hour 1:25 am. p.m. Month, Day, Year 11-1-60		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.) on 6409 S. Kingshighway		20f. CITY, TOWN, OR LOCATION St. Louis	COUNTY Mo.
21. I attended the deceased from _____ and last saw him alive on _____ Death occurred at 1215 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>John R. Schmitt</i>		22b. ADDRESS 1300 Oak	22c. DATE SIGNED 1-23-61
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 1-26-61	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.
23d. LOCATION (City, town, or county) St. Louis County, Mo.		23e. DATE RECD. BY LOCAL REG. JAN 23 1961	
24. FUNERAL DIRECTOR Southern Funeral Home		26. REGISTRAR'S SIGNATURE <i>Roald Smith, M.D.</i>	
ADDRESS 6322 S. Grand St. Louis, Mo.			

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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 *David Lee Gosson*

Licensed Embalmer No. *4242*

P. O. Address *St Louis Mo.*

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.