

MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0047038

STATE FILE NUMBER

**DO NOT WRITE
ON THIS STUB**

RECOMMENDED

Registration District No.

RE 317

RE 317 Primary Registration District No. 590

Registrar's

No. 3892

VS 300
Rev. 4/59

1 4013
2 4013

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5 2

1

1000

911

104

111

76 *et al.*

A. S. LEVINE

USE BLACK INK
OR
TYPEWRITER RIBBON

ITEM NO. SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

1. PLACE OF DEATH COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Florissant</u>		Length of stay in lb <u>YRS.</u>		a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>		Inside Limits				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>11505 Mehl Ave</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <u>11505 Mehrl Ave</u>		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) <u>JOHN H. SCHMERSAHL, SR.</u>		First	Middle	Last	4. DATE OF DEATH <u>Nov 19-1964</u>	Month	Day	Year		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/>	Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-1-1896</u>	9. AGE (last birthday) <u>68</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>truck gardener</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own business</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>				
13a. FATHER'S NAME <u>Gerhard Schmersahl</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Ploeger</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		Address				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Herman Schmersahl - 11505 Mehl Ave</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4-5 yrs</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic myocarditis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Parkinson's syndrome</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c)										
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"/> No <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						20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
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 <u>Dec 1963</u> to <u>Nov 1964</u> and last saw him alive on <u>Nov 17, 1964</u> Death occurred at <u>5 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <u>Charles M. Mullis</u>		(Degree or title) <u>D.O.</u>		22b. ADDRESS <u>3823 N. 20th</u>		22c. DATE SIGNED <u>11/20/64</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>11-21-1964</u>		23c. NAME OF CEMETERY OR CREMATORIAL <u>Calvary Cemetery</u>		23d. LOCATION (City, town, or county) <u>St. Louis Mo</u>				
24. FUNERAL DIRECTOR <u>Ed Kochan Son - 3576 N. 14th</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>11-20-64</u>		26. REGISTRAR'S SIGNATURE <u>John B. Murphy M.D.</u>				

REVIEWED

46-500011-260

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 _____

Albert Mayfield

Licensed Embalmer No. 3097

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.