

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 11 1949

State File No. 14139
3783

BIRTH NO. 49-025590 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	c. LENGTH OF STAY (If in this place) <u>12 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Evangelical Deaconess Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>4341 W. Pine St</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>EUGENE</u> b. (Middle) <u>August</u> c. (Last) <u>SCHANZMEYER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-27-49</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>4-26-49</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo</u>	
13a. FATHER'S NAME <u>August Fred Schanzmeyer</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Dora - macy JOEGER</u>	14. NAME OF HUSBAND OR WIFE
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.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. A.F. Schanzmeyer</u> <u>4341 W. Pine St</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>139</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>75 ft X</u>

22. I hereby certify that I attended the deceased from 4-26, 1949, to 4-27, 1949, that I last saw the deceased alive on 4-27, 1949, and that death occurred at 4:35 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>George H. Breuer MD</u>	(Degree or title)	23b. ADDRESS <u>300. Theatre Bldg.</u>	23c. DATE SIGNED <u>4-28-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4/28/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Metz Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Metz Missouri</u>
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DATE REC'D BY LOCAL REG. <u>APR 28 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Sauter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bill Campbell Mortuary</u>	ADDRESS <u>4215 Lindell</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Not Embalmed
Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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 this body is not embalmed, fact should be so stated above.