

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 10 1949

State File No. **35548**
Registrar's No. **9467**

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St. Louis				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN ST. LOUIS)		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		17		
d. FULL NAME OF HOSPITAL OR INSTITUTION 4773 HAMMETT PL.				d. STREET ADDRESS (If rural, give location) 4773 HAMMETT PL. 8				
3. NAME OF DECEASED (Type or Print) a. (First) HENRY WILLIAM SCHMALE b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Nov. 1st 1949					
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER		8. DATE OF BIRTH APRIL 21st 1861		
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY BRICKLAYER		11. BIRTHPLACE (State or foreign country) GERMANY		12. CITIZEN OF WHAT COUNTRY? 4		
13a. FATHER'S NAME HENRY SCHMALE		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE LOUISE				
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 Louise Schmale ADDRESS 4773 Hammett Pl				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Paralysis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Prostatitis & Cystitis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH sudden long standing	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		137		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? fall				
22. I hereby certify that I attended the deceased from Aug 23/47 , 19___, to Nov 1 , 1949, that I last saw the deceased alive on Oct 31/49 , 19___, and that death occurred at 6:30 a. m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Harry H. Meyer M.D.				23b. ADDRESS 4903 Delmar		23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Nov. 4th 1949		24c. NAME OF CEMETERY OR CREMATORY ZION EVG. CEM.		24d. LOCATION (City, town, or county): (State) ST. LOUIS MO		
DATE REC'D BY LOCAL REG. NOV 2 1949		REGISTRAR'S SIGNATURE J. B. Sarsater		25. FUNERAL DIRECTOR'S SIGNATURE L. MULLEN		ADDRESS UND. CON DELMAR BL 5165		

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.

Signed.....

F. G. Ferris

Signed.....

Student Embalmer

Licensed Embalmer No. *3384*

P. O. Address *St. Louis*

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.