

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39264

State File No. _____

 BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9927**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY 999			
b. CITY OR TOWN St Louis (If outside corporate limits, write RURAL and give township)		c. LENGTH OF STAY (In this place) usa		c. CITY OR TOWN Madison 11	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmim Desloge Hospital		d. STREET ADDRESS (If rural, give location) 23-1504 1/2 3rd St. 21			
3. NAME OF DECEASED a. (First) Louis b. (Middle) Albert c. (Last) Schmitt			4. DATE OF DEATH (Month) (Day) (Year) 11-15-1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 4-9-1870	9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Blairsville Indiana	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Peter Schmitt		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Polly Ann		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 Arthur Schmitt		ADDRESS Madison Ill			
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			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Peritonitis		INTERVAL BETWEEN ONSET AND DEATH 4 days			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) Cholecystitis - Acute					
DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Left Bundle Branch Block					
19a. DATE OF OPERATION 11-10-49		19b. MAJOR FINDINGS OF OPERATION Acute Cholecystitis & Peritonitis		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) 1277	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 583X	
22. I hereby certify that I attended the deceased from 11-4, 1949 , to 11-15, 1949 , that I last saw the deceased alive on 11-15, 1949 , and that death occurred at 1:00 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Ernest T. Smythick M.D.		23b. ADDRESS University Cent Bldg.		23c. DATE SIGNED 11-17-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-15-49		24c. NAME OF CEMETERY OR CREMATORY Centerville	
24d. LOCATION (City, town, or county) (State) Centerville Ill		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE NOV 18 1949 J B Pasater		St. Louis 10, Mo. (Licensed Embalmer's Statement on Reverse Side)			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10. 48

2266

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

Signed Jan M. Dejenore

Licensed Embalmer No. 4343

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