

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11351**

FILED APR 4 1950

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3063		Registrar's No. 759	
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY St. L.			
b. CITY (If outside corporate limits, write RURAL and give township) CLAYTON		c. LENGTH OF STAY (In this place) 6 WKS		c. CITY (If outside corporate limits, write RURAL and give township) MANCHESTER 4740		d. STREET ADDRESS (If rural, give location) TAPING ROAD 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS COUNTY HOSPT.							
3. NAME OF DECEASED a. (First) JOHN (Type or Print)			b. (Middle)		c. (Last) SCHMIEDEBERG		4. DATE OF DEATH (Month) (Day) (Year) 3-22-50
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH AUG. 4, 1890	9. AGE (In years last birthday) 60		# UNDER 1 YEAR # UNDER 2 RES. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) SPRINGFIELD, MO. 0		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME UNKNOWN			13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE AMANDA		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marie Blair first - 1905⁹ Utah			
18. NO 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) Pneumonia - bilateral ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) Carcinoma of sigmoid colon II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) 163X			
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?			
22. I hereby certify that I attended the deceased from 1-30-1950 , to 3-22-1950 , that I last saw the deceased alive on 3-22-1950 , and that death occurred at 1:45 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Herbert K. Douke M.D. (Degree or title)				23b. ADDRESS 601 Brentwood Clayton		23c. DATE SIGNED 3/22/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-23-50		24c. NAME OF CEMETERY OR CREMATORY St Paul		24d. LOCATION (City, town, or county) (State) Manchester Mo.	
DATE REC'D BY LOCAL REG. 3-22-50		REGISTRAR'S SIGNATURE Herbert K. Douke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin 2301 Lafayette			

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WRITE PLAINLY—USING UNFADEING 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

Signed *J R Cooper*

Licensed Embalmer No. *3633*

P. O. Address *2301 Lafayette*

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.