

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11535
State File No. 6076
Registrar's No. 675

317

BIRTH NO.		REG. DIST. NO.	PRIMARY REG. DIST. NO.	REGISTRAR'S NO.	
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. Louis		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural. Bonhomme Twpsh.)		c. LENGTH OF STAY (In this place) 50 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural. Bonhomme Twpsh. MO		
d. FULL NAME OF HOSPITAL OR INSTITUTION Weidman Rd			e. STREET ADDRESS (If rural, give location) Weidman Rd.		
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Elizabeth		c. (Last) Schmidtberger	
4. DATE OF DEATH Mar. 15, 1950		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 7, 1858		9. AGE (In years last birthday) 91	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife (Retired) Own home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John W. Litzinger		13b. MOTHER'S MAIDEN NAME Annie Rueff	
14. NAME OF HUSBAND OR WIFE John Schmidtberger		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 MO. Address John Schmidtberger Jr. Chesterfield		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Lobar Pneumonia.		INTERVAL BETWEEN ONSET AND DEATH 4 days	
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)		II. OTHER SIGNIFICANT CONDITIONS	
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)	
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?	
22. I hereby certify that I attended the deceased from 3/19 , 19 50 , to 3/14 , 19 50 , that I last saw the deceased alive on 3/14 , 19 50 , and that death occurred at 2:00a.m. , from the causes and on the date stated above.					
23a. SIGNATURE Clarence B. Glady, D.C.			23b. ADDRESS 220 N. Clay Kirkwood, Mo.		23c. DATE SIGNED 3/15/50
24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		24b. DATE 3/24/50		24c. NAME OF CEMETERY OR CREMATORY Hiram Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schrader Funeral Home, Baldwin, Mo.			
DATE REC'D BY LOCAL REG. 3-16-50		REGISTRAR'S SIGNATURE Herbert R. Donohue		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schrader Funeral Home, Baldwin, Mo.	

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

2011-01-01

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

Leo Schradew

Licensed Embalmer No. *3066*

P. O. Address: *Baltimore, Md.*

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.