

FILED SEP 9 1950

STANDARD CERTIFICATE OF DEATH

29060

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2036

1. PLACE OF DEATH  
 a. COUNTY ST. LOUIS  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BRKS., MO.  
 c. LENGTH OF STAY (in this place) 2 days  
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VETS. ADMINISTRATION HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE MISSOURI b. COUNTY \_\_\_\_\_  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2079  
 d. STREET ADDRESS (If rural, give location) 5205 GILMORE ST. 1

3. NAME OF DECEASED (Type or Print)  
 a. (First) URBON b. (Middle) T. c. (Last) SCHMALZ  
 4. DATE OF DEATH (Month) (Day) (Year) AUGUST 24 1950

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED  
 8. DATE OF BIRTH 12-11-98 9. AGE (In years last birthday) 51 IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 1 MIN. Hours \_\_\_\_\_ Mins. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STEAM FITTER  
 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_  
 11. BIRTHPLACE (State or foreign country) JACKSONVILLE, ILL.  
 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JOHN 13b. MOTHER'S MAIDEN NAME MARGARET MC HUGH 14. NAME OF HUSBAND OR WIFE HELEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I  
 16. SOCIAL SECURITY # 488-10-8659  
 17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS ADDRESS \_\_\_\_\_

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, asphyxia, etc. It means the disease, injury, or complication which caused death.  
 MEDICAL CERTIFICATION  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) HEMORRHAGE  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) ESOPHAGEAL ULCERS  
 DUE TO (c) HIATUS HERNIAE  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.  
 INTERVAL BETWEEN ONSET AND DEATH 5604

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from AUGUST 22, 1950, to AUGUST 24, 1950, that I last saw the deceased at 10:30 a.m. and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE L. E. STILLWELL, M.D. (Degree or title) CH.F. OF PROF. SERVICES 23b. ADDRESS JEFFERSON BARRACKS, MISSOURI 23c. DATE SIGNED 8-24-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 8/28/50 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis Mo

DATE REC'D BY LOCAL REG. 8-25-50 REGISTRAR'S SIGNATURE Herbert R. Donke M.D. 25. FUNERAL DIRECTOR'S SIGNATURE CENTRAL FUNERAL HOME - 5541 Riverview St. ADDRESS ST. LOUIS, MISSOURI

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

Signed.....  
Student Embalmer

Licensed Embalmer No. 2699

P. O. Address St Charles

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.