

FILED JAN 31 1951

STANDARD CERTIFICATE OF DEATH

State File No. 2965  
634  
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS.</u>		c. LENGTH OF STAY (in this place) c. CITY (If outside corporate limits, write RURAL and give township) 2 TOWN <u>ST. LOUIS</u> 2N29	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. ANTHONY HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>6201 RADOM. AVE</u>	
3. NAME OF DECEASED (Type or Print) <u>JOSEPH.</u>		a. (First) <u>JOSEPH.</u> b. (Middle) <u>SCHIMMELPFENNIG</u> c. (Last) <u>SCHIMMELPFENNIG</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 19 1951.</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1.</u>	8. DATE OF BIRTH <u>8-15-1883</u>
9. AGE (In years: last birthday) <u>67</u>		if UNDER 1 YEAR Months <u>5</u>	if UNDER 1 HR. Hours <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STORE KEEPER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. ARSENAL</u>	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS. MO. U</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>FRANK SCHIMMELPFENNIG</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>BEULAH</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>494-01-3984</u>	17. INFORMANT'S SIGNATURE OR NAME <u>BEULAH SCHIMMELPFENNIG</u> ADDRESS <u>6201 RADOM</u>
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) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>coronary atherosclerosis</u> DUE TO (c) <u>Rheumatic Heart Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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)	
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? <u>H16X</u>	
22. I hereby certify that I attended the deceased from <u>Dec. 1948</u> to <u>Jan 19 1951</u> , that I last saw the deceased alive on <u>Jan 18 1951</u> , and that death occurred at <u>6.10 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Raymond A. Martin M.D.</u>		23b. ADDRESS <u>5203 Chippewa</u>	23c. DATE SIGNED <u>1-20-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-22-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NEW PICKER</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO.</u>
DATE REC'D BY LOCAL REG. <u>JAN 26 1951</u>	REGISTRAR'S SIGNATURE <u>J. B. Lassiter</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>SCHUMACHER UND. Co. 3013 W. BARNHART</u>	

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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.....  
Student Embalmer

Signed *Jack Haupt*

Licensed Embalmer No. *4746*

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.