

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2966

FILED JAN 31 1951

318

1003

State File No.

Registrar's No. 640

| | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------|--|
| BIRTH NO. | | REG. DIST. NO. | | PRIMARY REG. DIST. NO. | | State File No. | | | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo | | | | b. COUNTY | |
| b. CITY OR TOWN St Louis | | c. LENGTH OF STAY (In this place) 9 yrs | | d. CITY OR TOWN St Louis | | 2199 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 26 S Taylor | | | | d. STREET ADDRESS 26 S Taylor | | | | 0 | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) William | | b. (Middle) G | | c. (Last) Schinzing | | 4. DATE OF DEATH (Month) (Day) (Year) Jan 20, 1951 | |
| 5. SEX male <input checked="" type="checkbox"/> | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | | 8. DATE OF BIRTH June 14, 1886 | | 9. AGE (In years Last birthday) IF UNDER 1 YEAR Months Days IF UNDER 2 WKS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bricklayer | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) St Louis County, Mo. <input checked="" type="checkbox"/> | | | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13a. FATHER'S NAME not known | | | 13b. MOTHER'S MAIDEN NAME not known | | | 14. NAME OF HUSBAND OR WIFE Melissa Schinzing | | | |
| 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. | | 17. INFORMANT'S SIGNATURE OR NAME Melissa Schinzing | | | | ADDRESS 26 S Taylor | |
| 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, asthenia, 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>Arteriosclerotic heart disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>2 yrs.</u> | |
| 19a. DATE OF OPERATION <u>none</u> | | 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? <u>H200</u> | | | | | |
| 22. I hereby certify that I attended the deceased from <u>Jan 22, 1949</u> , to <u>20 Jan, 1951</u> , that I last saw the deceased alive on <u>7 Jan, 1951</u> , and that death occurred at <u>8 a. m.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>Richard A. Jones MD.</u> | | | | (Degree or title) | | 23b. ADDRESS <u>3720 Washington</u> | | 23c. DATE SIGNED <u>20 Jan 51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>1/22/51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St Louis County, Mo.</u> | | | |
| DATE RECD-BY LOCAL REG. <u>22</u> | | REGISTRAR'S SIGNATURE <u>J. B. Parater</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Ziegenhein & Sons</u> | | ADDRESS <u>7027 Gravois</u> | | | |

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

Nil

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 W. G. Peterson

Signed.....
Student Embalmer

Licensed Embalmer No. 3767

P. O. Address 1027 Gravois

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.