S. No. 300
v. 10.48

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10596

BIRTH NO. _____ REG. DIST. NO. 219 PRIMARY REG. DIST. NO. 1009 Registrar's No. 2006

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS Mo
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3641 GASCONADE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS 15 2159
d. STREET ADDRESS (If rural, give location) 3641 GASCONADE

3. NAME OF DECEASED (Type or Print)
a. (First) PETER
b. (Middle) —
c. (Last) SCHMITZ

4. DATE OF DEATH (Month) (Day) (Year) FEB. 27 1951

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH JAN. 13 1862
9. AGE (In years last birthday) 89 — If under 1 year: Months, Days; If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED LABORER
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) HUNGARY
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME ANTHONY SCHMITZ
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE (Deceased) MARGARETHA SCHMITZ

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 MATHIAS SCHMITZ **ADDRESS** 3641 GASCONADE

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) Carcinoma stomach — INTERVAL BETWEEN ONSET AND DEATH 8 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) Arteriosclerosis — 10 years

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 ☐ 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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? NA

22. *I hereby certify that I attended the deceased from* _____, 1946, *to* 2-27, 1951, *that I last saw the deceased alive on* 2-26, 1951, *and that death occurred at* 7:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Emanuel Dahnert (Degree or title) **23b. ADDRESS** 1505-2 So Grand — **23c. DATE SIGNED** 2-28-51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE MAR. 2 1951
24c. NAME OF CEMETERY OR CREMATORY S.S. PETER & PAUL
24d. LOCATION (City, town, or county) ST. LOUIS (State) Mo

DATE REC'D BY LOCAL REG. MAR 1 1951
REGISTRAR'S SIGNATURE J B Lorator
25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis **ADDRESS** 2906 Gravois

(Licensed Embalmer's Statement on Reverse Side)

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.....
Student Embalmer

Signed Leo J. Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis, Mo

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.