

FILED AUG 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25228

318

1003

Registrar's No. 6801

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 ILLINOIS b. COUNTY ST CLAIR			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EAST ST LOUIS			
c. LENGTH OF STAY (In this place) 8 WKS				d. STREET ADDRESS (If rural, give location) 1400 MISSOURI AVE.			
3. NAME OF DECEASED (Type or Print) MARY		a. (First)		b. (Middle)		c. (Last) SCHIRMER	
4. DATE OF DEATH JULY 28 1951		(Month)		(Day)		(Year)	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH APRIL 21 1876	
9. AGE (In years, last birthday) 75 yrs		IF UNDER 1 YEAR		IF UNDER 1 HR.		IF UNDER 1 MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of life) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (State or foreign country) PERRY CO MO		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME LOUIS MATTINGLY		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE HENRY SCHIRMER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Henry Schirmer ADDRESS 1400 W. MO. AVE. ST. LOUIS			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumothorax + Hy drothorax ANTECEDENT CAUSES Person speaks Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension - Cardiac Deкомпens DUE TO (c) Intractable facial pain				INTERVAL BETWEEN ONSET AND DEATH 4 hrs.	
19a. DATE OF OPERATION 6/30/57		19b. MAJOR FINDINGS OF OPERATION Chromal Brain				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 520X			
22. I hereby certify that I attended the deceased from 6/15, 1957 , to 7/28, 1957 , that I last saw the deceased alive on 7/27, 1957 , and that death occurred at 8:15 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. A. Imolic, M.D.				23b. ADDRESS 3720 Washington Blvd.		23c. DATE SIGNED 7/30/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE JULY 30 51		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) EAST ST LOUIS ILL	
DATE REC'D BY LOCAL REG. JUL 30 1957		REGISTRAR'S SIGNATURE J. B. Santos		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Harry Robins E St Louis Ill			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 Mrs

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Frank Prokoff

Licensed Embalmer No. 4356

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.