

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18509**  
Registrar's No. **4180**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		b. COUNTY <b>ST. LOUIS</b>	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Alexian Bros. Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>3511 Lemay Ferry Rd.</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>Frank</b>	b. (Middle) <b>John</b>	c. (Last) <b>Schmitz</b>	<b>May 4 1952</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Aug. 4 1874</b>	9. AGE (In years last birthday) <b>77</b>	10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Mins.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired PopelMatten</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Hungary</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.G.</b>					

13a. FATHER'S NAME <b>John Schmitz</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Susanna Schmitz</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>490-03-4847a</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Elizabeth Buyer</b>	ADDRESS <b>3511 Lemay Ferry</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES			
	DUE TO (b)			
DUE TO (c)		DUE TO (c)		
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 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? <b>177X</b>

22. I hereby certify that I attended the deceased from **Aug. 1951**, to **5-4-**, 19**52**, that I last saw the deceased alive on **5-4**, 19**52** and that death occurred at **9:00** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Stephen M. Trapper</b>	(Degree or title)	23b. ADDRESS <b>818 Olive</b>	23c. DATE SIGNED <b>May 5-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5-7-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus Cem.</b>	24d. LOCATION (City, town, or county) <b>St. Louis Mo.</b>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>MAY 5 1952</b>	REGISTRAR'S SIGNATURE <b>J. Cash</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Witt Bros. &amp; Co.</b>	ADDRESS <b>2929 S. Jefferson</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

DEC 3 1953

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*Harold E. Witt*

Licensed Embalmer No. *29,4353*

P. O. Address *2929 S. Jefferson*

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.