

FILED JUL 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26300

6595

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Franklin					
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Union		0367			
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital				d. STREET ADDRESS (If rural, give location) 1					
3. NAME OF DECEASED (Type or Print) William			a. (First)		b. (Middle)		c. (Last) Schmieceskamp		
4. DATE OF DEATH July 6, 1952		4. DATE OF DEATH (Month) (Day) (Year)		5. SEX Male		6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH Dec. 8, 1883		9. AGE (In years last birthday) 68		10. UNDER 1 YEAR Months			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Wood		11. BIRTHPLACE (City and State or Foreign Country) Casco, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Henry Schmieceskamp		13b. MOTHER'S MAIDEN NAME Marie Woestinchik		14. NAME OF HUSBAND OR WIFE Lou					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. Frank Schmieceskamp ADDRESS Union, Mo.					
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, aethenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary Oedema				Polypoid Adenocarcinoma Colon.				1 day	
ANTECEDENT CAUSES				DUE TO (b) Metastasis to Mesentery				1 year	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) Diabetes Mellitus				6 mos	
II. OTHER SIGNIFICANT CONDITIONS				Diverticulosis of colon				3 years	
Conditions contributing to the death but not related to the disease or condition causing death. Cholecystitis & Cholelithiasis				19a. DATE OF OPERATION 6-24-52				19b. MAJOR FINDINGS OF OPERATION Carcinoma of lower sigmoid colon	
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? 153X					
22. I hereby certify that I attended the deceased from June 10, 1952 , to July 6, 1952 , that I last saw the deceased alive on July 5, 1952 , and that death occurred at 4:20 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE John Norton M.D. (Degree or title)				23b. ADDRESS 634 No. Grand Blvd - St. Louis, Mo.		23c. DATE SIGNED 7-7-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-6-52		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Union, Mo.			
DATE REC'D BY LOCAL REG. Jul 7 1952		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington Blvd			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. W. Norton
Mo. Theatre Bldg.

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 J. W. Norton
Licensed Embalmer No. 2653

P. O. Address _____

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.