

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 21 1954

State File No. **32169**  
Registrar's No. **8369**

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

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	
c. LENGTH OF STAY (in this place) <b>41 yrs.</b>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4645 Michigan Avenue</b>		e. STREET ADDRESS (If rural, give location) <b>15 4645 Michigan Avenue</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>LOUIS</b> b. (Middle) <b>ERNST</b> c. (Last) <b>SCHMUTZLER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 10, 1954</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Jan. 6, 1877</b>
9. AGE (In years last birthday) <b>77</b>		10. MONTHS <b>8</b>	11. DAYS <b>4</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired stock clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Dept. store</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Brighton, Illinois</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Charles Schmutzler</b>	
13b. MOTHER'S MAIDEN NAME <b>Pauline Schwartz</b>		14. NAME OF HUSBAND OR WIFE <b>Emma Hassebrock Schmutzler</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no no</b>		16. SOCIAL SECURITY NO. <b>488-03-4356</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Emma Schmutzler, 4645 Michigan Ave.</b>		ADDRESS	
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) <b>Cancer, stomach</b> INTERVAL BETWEEN ONSET AND DEATH <b>6 mos</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <b>Carcinomatosis of Liver, stomach</b>	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>150x</b>		22. I hereby certify that I attended the deceased from <b>June 6, 1954</b> , to <b>Sept 10, 1954</b> , that I last saw the deceased alive on <b>Sept 7, 1954</b> , and that death occurred at <b>8:35 P.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Norman W. Deely M.D.</b>		23b. ADDRESS <b>634 N. Grand</b>	
23c. DATE SIGNED <b>9/11/54</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>Sept. 14, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Trinity Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Heiderwieden F.H. Inc., 1936 St. Louis Ave.</b>	
DATE REC'D BY LOCAL REG. <b>SEP 13 1954</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>	

Dr. Norman W. Drey  
Room 201  
Missouri Thhte Bldg.  
Hours 1:30 to 4 P. M.  
Sat.

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 \_\_\_\_\_  
Signature of Student Embalmer

Signed  \_\_\_\_\_

Licensed Embalmer No. 452

P. O. Address St. Louis, \_\_\_\_\_

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.