

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4003**
Registrar's No. **218**

FILED MAR 7 1955

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) life		e. STREET ADDRESS (If rural, give location) 517 N. 5th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lett's Nursing Home 716 N. 6th St.			

3. NAME OF DECEASED (Type or Print) ALBERT (First) (none) (Middle) SCHMOHL (Last)			4. DATE OF DEATH February 19-1955 (Month) (Day) (Year)		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never-married	8. DATE OF BIRTH August 17-1872	9. AGE (In years last birthday) 82 Yrs	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Apple-Grader- for O'Donohue Fruit Co.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Christ Schmohl	13b. MOTHER'S MAIDEN NAME Elizabeth Hildebrandt	14. NAME OF HUSBAND OR WIFE none
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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 John Steinacker, Nephew	ADDRESS 1322 Main Str.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Urinary Bladder with Metastases. Ukn.		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES		
	DUE TO (b) Arteriosclerotic Brain Disease		Ukn.
	DUE TO (c) Arteriosclerotic Heart Disease		Ukn.
II. OTHER SIGNIFICANT CONDITIONS		Senile Mentality	
Conditions contributing to the death but not related to the disease or condition causing death.		Ukn.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4000	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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?

22. I, hereby certify that I attended the deceased from **1/6, 1954**, to **2/19, 1955** that I last saw the deceased alive on **2/18, 1955**, and that death occurred at **5:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE H F Mundy (Degree or title) M.D.	23b. ADDRESS 2801 Sacramento St. Joseph, Missouri	23c. DATE SIGNED 2/21/55
24a. BURIAL, CREMATION, REMOVAL (Specify) (Burial)	24b. DATE Feb. 22, 1955	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery
24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri		

DATE REC'D BY LOCAL REG. Feb 28, 1955	REGISTRAR'S SIGNATURE Ethel M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE Meierhoffer-Blum ADDRESS St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 17 1955

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 *Raymond W. Hersh*.....

Licensed Embalmer No....441.

P. O. Address ...St. Joseph.

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.