SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1147 STATE FILE NUMBER 61-006886

FILED VS FEB 20 1961

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Length of stay in 1b

c. CITY OR TOWN St. Louis, Inside Limits Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Incarnate Word Hospital Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 3119 Chariton St. Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Anna Middle --- Last Schmitt

4. DATE OF DEATH Month February Day 3, Year 1961.

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed XX Divorced ☐

8. DATE OF BIRTH 8/26/1870

9. AGE (last birthday) 90 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY At home

11. BIRTHPLACE (City and state or country) St. Louis, Missouri.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Lucas Hanneken

13b. MOTHER'S MAIDEN NAME Dont Know

14. NAME OF HUSBAND OR WIFE George Schmitt (dec'd)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Rev. Jerome Reisch Address 1919 So. 7th St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral Thrombosis INTERVAL BETWEEN ONSET AND DEATH 5 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease

DUE TO (c) Arteriosclerosis general.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.0

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 1959, to Feb 3, 1961 and last saw her/him alive on Feb 3, 1961

Death occurred at 3:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph E. Carney MD

22b. ADDRESS 906 Olive St

22c. DATE SIGNED 2-3-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Feb. 6, 1961

23c. NAME OF CEMETERY OR CREMATORY SS. Peter and Paul Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis, Missouri.

24. FUNERAL DIRECTOR Gebken-Benz Mortuary ADDRESS 2842 Meramec St. St. Louis, 18, Mo.

25. DATE RECD. BY LOCAL REG. FEB 5 1961

26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St. St. Louis, 18, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.