

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-042421

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 4013

2 4013

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4 1

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9 4200

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12 92-11

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 317 Primary Registration District No. 500590 Registrar's No. 3202

FILED OCT 30 1963

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Florissant		Length of stay in 1b DOA	c. CITY OR TOWN Florissant Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF DECEASED (If not in hospital, give location) HOSPITAL OR INSTITUTION Medical Center		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1079 Grandview Gardens Ct. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) LOUISE HARRIET SCHMITZ		4. DATE OF DEATH October 16, 1963	

5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-10-97	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months Days Hours Min.	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 xx	11. BIRTHPLACE (City and state or country) Carlinville, Ill.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Becker		13b. MOTHER'S MAIDEN NAME Mary Knoerzer		14. NAME OF HUSBAND OR WIFE Alex, Sr.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	17. INFORMANT Address Alex Schmitz, Jr. Florissant, Mo.			

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Coronary occlusion**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Arteriosclerotic Hypertension**

DUE TO (c) **Heart Disease**

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

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

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 June 1961 to October 18 and last saw her/him alive on October 15, 1963

Death occurred at October 16, 1963 m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) Alexander Johnson, M.D.	22b. ADDRESS 3909 Waverly, E. St. Louis, Mo.	22c. DATE SIGNED 10-17-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-19-63	23c. NAME OF CEMETERY OR CREMATORY New Calvary
23d. LOCATION (City, town, or county) Carlinville, Ill.		(State)

24. FUNERAL DIRECTOR The Florissant Mortuary,	ADDRESS Florissant, Mo.	25. DATE RECD. BY LOCAL REG. 10-19-63	26. REGISTRAR'S SIGNATURE John B. Murphy, M.D.
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

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 *Gene Sputchens*

Licensed Embalmer No. 4966

P. O. Address Florissant, 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.