

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1118763-046011

FILED NOV 22 1963

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	SHOULD READ	BY AFFIDAVIT OF	ITEM NO.
Rev. 4/59								
1								
2 <u>212</u>								
3 <u>2</u>								
4 <u>0</u>								
5 <u>0</u>								
6								
7 <u>0</u>								
8 <u>2</u>								
9								
10								
11								
12 <u>86-0</u>								
13								
<u>86</u>								

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. Louis</u>		c. CITY OR TOWN <u>ST. Louis</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Park Side Manor</u>		d. STREET ADDRESS (If outside, give location) <u>Forest Park Hotel</u> <u>4910 St. Paul</u>	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Henry</u> Last <u>Schmitz</u>		4. DATE OF DEATH Month <u>Nov.</u> Day <u>11</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>May 23, 1893</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Anheuser-Busch</u>	11. BIRTHPLACE (City and state or country) <u>ST. Louis, Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
13a. FATHER'S NAME <u>Edward Schmitz</u>		13b. MOTHER'S MAIDEN NAME <u>Eva Ferrenbach</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		17. INFORMANT Address <u>Miriam H. Deibel 6136 Waudg</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive Heart Failure</u> DUE TO (b) <u>arterio sclerotic heart disease</u> DUE TO (c) <u>Arterio sclerotic</u>		INTERVAL BETWEEN ONSET AND DEATH <u>70 min</u> <u>5 hrs</u> <u>10 hrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>420.0</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <u>7:30</u> a.m. p.m. Month, Day, Year <u>11/10/63</u>		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 <u>1955</u> to <u>11/10/63</u> and last saw him alive on <u>11/10/63</u> Death occurred at <u>7:30</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>[Signature]</u> M.D.	
22b. ADDRESS <u>52 Maryland Plaza</u>		22c. DATE SIGNED <u>11/11/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov. 13, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>S.S. Peter & Paul Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>ST. Louis, Mo.</u>
24. FUNERAL DIRECTOR <u>Will Motz</u> ADDRESS <u>6409 Davis</u>		25. DATE RECD. BY LOCAL REG. <u>NOV 12 1963</u>	
		26. REGISTRAR'S SIGNATURE <u>Loard Smith, M.D.</u>	

DR. S.H. PRANGER
52 Maryland Plaza

Fo 1-3062

11-2 4-6

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

Harold C. Witt

Licensed Embalmer No. 4353

P. O. Address St. Louis, 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.