

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18617

State File No.

318

1003

4615

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis	c. LENGTH OF STAY (In this place) 24hrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis 2019	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hospital		d. STREET ADDRESS (If rural, give location) 513 Dover 0	

3. NAME OF DECEASED (Type or Print) a. (First) Lawrence	b. (Middle)	c. (Last) Schmitter	4. DATE OF DEATH (Month) (Day) (Year) May 23, 1950
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5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married /	8. DATE OF BIRTH March 27, 1895	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	10b. KIND OF BUSINESS OR INDUSTRY Lnt. Shoe Co.	11. BIRTHPLACE (State or foreign country) Paducak, Ky. /	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Jacob Schmitter	13b. MOTHER'S MAIDEN NAME Johanna Blettner	14. NAME OF HUSBAND OR WIFE Nelda Schmitter
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW-1	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Nelda Schmitter	ADDRESS 513 Dover
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1/2 day 6 month
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Occlusion</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	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) <u>St Louis</u> <u>Mo</u> <u>Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Apr 22, 1949, to May 23, 1950, that I last saw the deceased alive on May 23, 1950 and that death occurred at 3 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Julius Chas. Kotter D. O.</u>	(Degree or title) D. O.	23b. ADDRESS <u>2603 Cherokee St</u>	23c. DATE SIGNED <u>May 24, 50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>5/26/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>MAY 25 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. Parster</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ziegenhein & Sons</u>	ADDRESS <u>7027 Gravois</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Frank J. Quinn

Signed.....

Student Embalmer

Licensed Embalmer No. *2745*

P. O. Address. *St. Louis, Mo.*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

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