

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42049

State File No.

Registration District No. 784

Primary Registration District No. 106

Registrar's No. 2646

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood
(c) Name of hospital or institution: Osage Crossing & Mo. Pac Tracks
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Chester
(c) City or town Crocker
(d) Street No.....
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Leland P. Schedel

(b) If veteran, name war..... (c) Social Security No. Unkn

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Goldie Schedel 6. (c) Age of husband or wife if alive Unkn years

7. Birth date of deceased Feb 18 1907
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
35 9 26 ..hr. ..min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Plumbing

11. Industry or business.....

12. Name Harold F. Schedel

13. Birthplace Ills
(City, town, or county) (State or foreign country)

14. Maiden name Eva C. Holland
(City, town, or county) (State or foreign country)

15. Birthplace Ills
(City, town, or county) (State or foreign country)

16. (a) Informant Charlotte Schedel

(b) Address Sullivan, Mo.

17. (a) Burial (b) Date thereof 12-17-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crocker Mo

18. (a) Signature of funeral director J. H. Hooper & Son

(b) DEC 16 1942

19. (a) DEC 16 1942 (b) C. H. McLaughlin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14
year 1942 hour 3:35 minute P M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death While riding in an automobile that was struck by Mo. Pac. train.

Due to Multiple fractures and lacerations; Punctured pleural cavity and lungs.

Other conditions.....
(include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy Yes.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Dec. 14, 1942

(c) Where did injury occur? Osage & Mo. Pac. trks.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature Louis H. Ross
Address Kirkwood, Mo. Date signed 12/16/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

Duration

(City or town) (County) (State)

Date signed

3643

85
1-10
0

4

1700-23

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *John M. Meyer*.....

Licensed Embalmer No. *3288*.....

P. O. Address *Hickwood, 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 this body is not embalmed, fact should be so stated above.