S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 2 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42050

State File No.

Registration District No. 784 Primary Registration District No. 106 Registrar's No. 2648

1. PLACE OF DEATH:

(a) County St. Louis 9

(b) City or town Kirkwood 4
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3
Osage Crossing & Mo. Pac Tracks 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 85

(a) State Mo (b) County 0

(c) City or town Crocker 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME Patricia E. Schedel

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W 1

6. (a) Single, widowed, married, divorced S 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept (Month) 5 (Day) 1940 (Year)

8. AGE: Years 2 Months 3 Days 9 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Leland P. Schedel
13. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Goldie Scott
15. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Charlotte Schedel
(b) Address Sullivan Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-42 (Month) (Day) (Year)
(c) Place: burial or cremation Crocker Mo

18. (a) Signature of funeral director J. L. Hoops & Son
(b) Address Crocker Mo

19. (a) DEC 16 (Date received local registrar) (b) E. G. McGarrantz (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 4/5ths of body burned; Asphyxiated.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) Accident 125

(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
(Specify type of place)

While at work? (e) Means of injury

23. Signature Louis H Bopp Coroner (M. D. or other)

Address Kirkwood, Mo. 12/16/42 Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Kirkwood, 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.