

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14371

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 3069 Registrar's No. 680

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>76</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> % Richmond Hts	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2396 ARLINGTON DR</u>		d. STREET ADDRESS (If rural, give location) <u>7396 ARLINGTON DR</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>F.</u> c. (Last) <u>Schario</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 18-1949</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 3-1871</u>	9. AGE (In years last birthday) <u>77</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>no</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>TERRA HAUTE IND.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>ANDREW Schario</u>		13b. MOTHER'S MAIDEN NAME <u>CATHERINE MANION</u>		14. NAME OF HUSBAND OR WIFE <u>ANNE Schario</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary artery disease</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>4251</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Enlarged prostate 94a</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 March 18, 1949, to March 19, 1949, that I last saw the deceased alive on March 19, 1949, and that death occurred at 11:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Vincent H. Sheer</u> (Degree or title)		23b. ADDRESS <u>M.D. 0155 S. Grand</u>		23c. DATE SIGNED <u>3-19-49</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MARCH 22-49</u>		24c. NAME OF CEMETERY OR CREMATORIUM <u>RESURRECTION CEM. ST. LOUIS</u>	
24d. LOCATION (City, town, or county) (State) <u>MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>M. E. J. Schnur 3125 LAFAYETTE</u>			
DATE REC'D BY LOCAL REG. <u>3-21-49</u>		REGISTRAR'S SIGNATURE <u>Theresa L. ...</u>			

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

6761 52 800  
APR 25 1948

APR 23 1948

**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.

Signed Joseph Wollmer  
Licensed Embalmer No. 4014

Signed \_\_\_\_\_  
Student Embalmer

P. O. Address 3125 Lafayette Ave

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.