No. 300
10.48

FILED APR 23 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 14487

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 765

**1. PLACE OF DEATH**
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sappington
c. LENGTH OF STAY (In this place): 1 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kennerly & Tesson Ferry

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sappington 96
d. STREET ADDRESS (If rural, give location): 23 Sunset Dr.

**3. NAME OF DECEASED** (Type or Print)
a. (First): Jeannine
b. (Middle): Karon
c. (Last): Schudde

**4. DATE OF DEATH** (Month) (Day) (Year): March 28, 1949

**5. SEX**: F
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Single
**8. DATE OF BIRTH**: Sept. 24, 1946
**9. AGE** (In years last birthday): 2 — If under 1 year: Months 6, Days 4; If under 24 hrs.: Hours, Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Ninel
**10b. KIND OF BUSINESS OR INDUSTRY**: ---
**11. BIRTHPLACE** (State or foreign country): St. Louis, Mo.
**12. CITIZEN OF WHAT COUNTRY?**: U. S. A.
**13a. FATHER'S NAME**: Carl C. Schudde
**13b. MOTHER'S MAIDEN NAME**: Bernice Zagrodsky
**14. NAME OF HUSBAND OR WIFE**: ---
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: Carl C. Schudde — ADDRESS: Sappington, Mo.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) drowning — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) e 929a

DUE TO (c) 22 (83)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): Accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): Pond on farm
**21c.** (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Sappington, St. Louis, Mo. 96
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): 3 28 49 p m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☒
**21f. HOW DID INJURY OCCUR?**: Fell in pond while playing

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

**23a. SIGNATURE**: Gerald J. Willmann per E. Burns Jr. Deputy — (Degree or title): Coroner
**23b. ADDRESS**: Clayton, Mo.
**23c. DATE SIGNED**: 3/30/49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Cremation
**24b. DATE**: 3/30, 49
**24c. NAME OF CEMETERY OR CREMATORY**: Valhalla Crematory
**24d. LOCATION** (City, town, or county) (State): St. Louis Co. Mo.

DATE REC'D BY LOCAL REG.: 3/30/49
REGISTRAR'S SIGNATURE: Thurmond Chinnyen MD
**25. FUNERAL DIRECTOR'S SIGNATURE** — ADDRESS: White Funeral Home Ferguson, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 ..... Student Embalmer No. ..... working under my personal supervision.

Signed L. M. White

Signed ..... Student Embalmer

Licensed Embalmer No. 3973

P. O. Address Ferguson, Me

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.