

FILED MAY 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17674

State File No. 4214

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 4214			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MO					
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS MO			c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS			17		
d. FULL NAME OF HOSPITAL OR INSTITUTION CITY SANITARIUM 0				d. STREET ADDRESS (If rural, give location) 5400 ARSENAL				10	
3. NAME OF DECEASED (Type or Print) FRANK			a. (First)		b. (Middle) SCHIEBLAUER		c. (Last)		
4. DATE OF DEATH May. 12 1949		(Month) (Day) (Year)		5. SEX MALE		6. COLOR OR RACE WHITE			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAR. 13 1879		9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months Days 11 29			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TAILORING		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) HUNGARY		12. CITIZEN OF WHAT COUNTRY? 4			
13a. FATHER'S NAME KARL SCHIEBLAUER			13b. MOTHER'S MAIDEN NAME MARY UHL		14. NAME OF HUSBAND OR WIFE EVA SCHIEBLAUER				
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. NONE		17. INFORMANT'S SIGNATURE OR NAME EVA SCHIEBLAUER ADDRESS					
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 6yrs.x.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease				DUPLICATE					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis									
DUE TO (c)									
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 <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) 930					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H 2nd					
22. I hereby certify that I attended the deceased from Jul. 3 , 19 48 , to Mar. 12 , 19 49 , that I last saw the deceased alive on Mar. 12 , 19 49 , and that death occurred at 3.20a m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) R. Hoplane M.D.				23b. ADDRESS 5400 Arsenal St.		23c. DATE SIGNED 3/12/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 13 1949		24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO			
DATE REC'D BY LOCAL REG. MAY 11 1949		REGISTRAR'S SIGNATURE J. B. Baker		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kuter 2906 ADDRESS					

(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.....

Samuel C Hill

Signed.....
Student Embalmer

Licensed Embalmer No.

4347

P. O. Address.....

2906 Haven

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.