

FILED OCT 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34243

State File No.

BIRTH NO. _____ REG. DIST. NO. 109 PRIMARY REG. DIST. NO. 4258 Registrar's No. 15

| | | | |
|---|-----------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Knox</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Knox</u> | |
| b. CITY OR TOWN <u>Edina</u> | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN <u>Edina</u> | 0 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u> | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Schadle</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct-11-1949</u> | |
| 5. SEX <u>M.</u> | 6. COLOR OR RACE <u>W.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Dec-29-1853</u> |
| 9. AGE (In years last birthday) <u>95</u> | | 10. MONTHS <u>85</u> | 11. HOURS <u>25</u> MIN. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Night watchman at Soap Factory</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Soap</u> | 11. BIRTHPLACE (State or foreign country) <u>Essen, Germany</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>John Schadle</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Catherine Gault</u> | | 13c. NAME OF HUSBAND OR WIFE <u>Matilda Bieder</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>X</u> | | 16. SOCIAL SECURITY NO. <u>X</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Emma Rule</u> | | ADDRESS <u>Edina, Mo</u> | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Septicemic pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>senile debility</u> DUE TO (c) <u>95 yrs of age</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiovascular - renal, Endocrine</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>None</u> | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE <u>None</u> (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Edina Knox Mo.</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>6-14</u> , 19 <u>49</u> , to <u>10-11</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>10-10</u> , 19 <u>49</u> , and that death occurred at <u>11:2</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Edmund A. Walker, D.O.</u> | | 23b. ADDRESS <u>Edina, Mo</u> | |
| 23c. DATE SIGNED <u>10-12-49</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Oct-13-49</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Linville</u> | | 24d. LOCATION (City, town, or county) (State) <u>Edina, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>Oct-13-49</u> | | REGISTRAR'S SIGNATURE <u>Thelma S. Hunter</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith Hudson</u> | | ADDRESS <u>Edina, Mo</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

52
1
0

OCT 17 1949

RECEIVED

District Health Officer No. 10

District File Number 10-49-179

Date Filed OCT 17 1949

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 Keith Hudson

Signed.....
Student Embalmer

Licensed Embalmer No. 2415

P. O. Address Edina Missouri

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.