

FILED NOV 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35543

318

1003

State File No.

9349

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.				b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis			c. LENGTH OF STAY (in this place) Township			c. CITY (If outside corporate limits, write RURAL and give township) St. Louis				
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital				d. STREET ADDRESS 4 - 4922 Wise Ave.						
3. NAME OF DECEASED (Type or Print)		a. (First) Catherine		b. (Middle) M.		c. (Last) Schading		4. DATE OF DEATH (Month) (Day) (Year) Oct. 27 1949		
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 11 1884		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 65		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Ill.		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME Anton Loepker			13b. MOTHER'S MAIDEN NAME Agness Ony			14. NAME OF HUSBAND OR WIFE Arthur Schading				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME August F. Loepker					ADDRESS 4922 Wise Ave.	
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>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c) <u>Arterio sclerosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Ch. Nephritis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10/25/49</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 (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>St. Louis</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>BBIX</u>						
22. I hereby certify that I attended the deceased from <u>10/25 1949</u> , to <u>10/27 1949</u> , that I last saw the deceased alive on <u>10/27 1949</u> , and that death occurred at <u>8:40 p. m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>A. Hayden M. D.</u>				(Degree or title) <u>D.</u>		23b. ADDRESS <u>5899 Delmar</u>		23c. DATE SIGNED <u>10/28/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>10/31/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park Lawn</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>				
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <u>J. B. Foster</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Drehmann-Harral</u>					
OCT 31 1949					ADDRESS <u>1905 Union Blvd.</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Albert R. Souper*

Licensed Embalmer No. 4287

P. O. Address St. Louis

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.