

FILED MAR 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6697  
Registrar's No. 1714

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri, b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		c. LENGTH OF STAY (In this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2224 Sidney St.,		d. STREET ADDRESS (If rural, give location) 23 2224 Sidney St.,	
3. NAME OF DECEASED (Type or Print) a. (First) Theckla b. (Middle) c. (Last) Scheu,		4. DATE OF DEATH (Month) (Day) (Year) Februaury 18, 1950	
5. SEX Female,	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed, <i>W</i>	8. DATE OF BIRTH October 8, 1864
9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home,	11. BIRTHPLACE (State or foreign country) Germany,
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Henry Schmidt,		13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE Adam Scheu, (Deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Kathryn Wertich, 2224 Sidney St.,
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) <i>Ac. Cardiac Collapse</i>  ANTECEDENT CAUSES DUE TO (b) <i>Chr. Myocarditis</i> DUE TO (c) <i>General Arterio Sclerosis</i>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Senility</i>	
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) <i>4221</i>
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 <i>Jan 1, 1950</i> , to <i>Feb 18, 1950</i> , that I last saw the deceased alive on <i>Feb 17, 1950</i> , and that death occurred at <i>7:04 Pm.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Leo P. Young, M.D.</i>		23b. ADDRESS <i>2621 S. Jefferson</i>	23c. DATE SIGNED <i>2/21/50</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial, <i>A</i>		24b. DATE <i>2/22/50</i>	24c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery, St. Louis, Missouri,
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary, 2842 Meramec St.,	
DATE REC'D BY LOCAL REG. <i>FEB 21 1950</i>		REGISTRAR'S SIGNATURE <i>J. B. Luster</i>	

**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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Joe B. Benz

Licensed Embalmer No. 4269

P. O. Address 2842 Meramec St.,  
St. Louis, 18, Mo.

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.