

THE DIVISION OF HEALTH OF MISSOURI
FILED APR 5 1950 STANDARD CERTIFICATE OF DEATH

11045

State File No.

2881

BIRTH NO. _____ REG. DIST. NO. **218** PRIMARY REG. DIST. NO. **1003** Registrar's No.

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3623 Bamberger		d. STREET ADDRESS (If rural, give location) 16 3623 Bamberger	
3. NAME OF DECEASED (Type or Print) a. (First) Lon b. (Middle) L. c. (Last) Schade		4. DATE OF DEATH (Month) (Day) (Year) 3/26/50	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 5, 1889
9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	11. BIRTHPLACE (State or foreign country) Longtown, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Henry Schade	
13b. MOTHER'S MAIDEN NAME Genevieve Moore		14. NAME OF HUSBAND OR WIFE Isabelle	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give no. or dates of service) No		16. SOCIAL SECURITY NO. 942-12-9901	
17. INFORMANT'S SIGNATURE OR NAME N. H. Schade		ADDRESS --3623 Bamberger	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension 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) 420 N			
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 Dec 29, 1949 , to March 26, 1950 , that I last saw the deceased alive on March 26, 1950 , and that death occurred at 8:00 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE at merlin md		23b. ADDRESS 3507 Poloma	
23c. DATE SIGNED 3-26-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/29/50	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) Edwardsville, Illinois	
DATE REC'D BY LOCAL REG. MAR 27 1950		REGISTRAR'S SIGNATURE J B Lasater	
25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Walden		ADDRESS 3634 Gravois	

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Robert C Wheeler

Signed.....
Student Embalmer

Licensed Embalmer No. 2128

P. O. Address St Louis 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.