

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11047**
Registrar's No. **2250**

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

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

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				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. STREET ADDRESS (If rural, give location) 4012 Arsenal St.					
d. FULL NAME OF HOSPITAL OR INSTITUTION 4012 Arsenal St.				d. STREET ADDRESS (If rural, give location) 4012 Arsenal St.							
3. NAME OF DECEASED (Type or Print) a. (First) FRANK			b. (Middle)			c. (Last) SCHEITHAUER					
4. DATE OF DEATH (Month) (Day) (Year) Mar. 6 1950		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 15, 1884			
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months		IF UNDER 12 HRS. Days		IF UNDER 12 HRS. Hours		IF UNDER 12 HRS. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Upholsterer-St. Louis Public Service				10b. KIND OF BUSINESS OR INDUSTRY Austria				11. BIRTHPLACE (State or foreign country) 4		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Franz Scheithauer			13b. MOTHER'S MAIDEN NAME Franciscus Kreuzer			14. NAME OF HUSBAND OR WIFE Louise A. Scheithauer					
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 Louise A. Scheithauer 4012 Arsenal					
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) Cancer ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of stomach DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH Several weeks			
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) 151X					
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 Aug 5, 1949 , to March 6, 1950 , that I last saw the deceased alive on March 6, 1950 , and that death occurred at 10:25 P.M. , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) George J. Scheibel M.D.				23b. ADDRESS 3329 S. Kingshighway				23c. DATE SIGNED 3/8/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 10, 1950		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.					
DATE REC'D BY LOCAL REG. MAR 9 1950		REGISTRAR'S SIGNATURE J. B. Basler				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.					

Self

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 *Edwin M. Merrett*

Signed.....
Student Embalmer

Licensed Embalmer No. *3024*

P. O. Address.....

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.