

FILED OCT 26 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35798

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>2511</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Oakland</u>		c. LENGTH OF STAY (In this place) <u>13 years</u>		a. CITY (If outside corporate limits, write RURAL and give township) <u>Oakland 22</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 16 1950</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>#9 Schultz Road</u>				d. STREET ADDRESS (If rural, give location) <u>#9 Schultz Road</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hedwig</u>		b. (Middle) <u>Gloeckner</u>		c. (Last) <u>Schall</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 16 1950</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>June 6 1876</u>	
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		11. BIRTHPLACE (State or foreign country) <u>Dresden Germany 4</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Dresden Germany 4</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Gloeckner</u>			13b. MOTHER'S MAIDEN NAME <u>Augusta Lange</u>			14. NAME OF HUSBAND OR WIFE <u>Hy. Louis Schall</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>492-01-11410</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Edwin E. Marx</u>		ADDRESS <u>#9 Schultz Rd.</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, asthma, 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 Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Hypertension</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> <u>6 years</u> <u>8-10 years</u> <u>83 IX</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>10/16/50 10:00 a.m.</u>		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 <u>April 18, 1950</u> to <u>10/16, 1950</u> , that I last saw the deceased alive on <u>10/16, 1950</u> , and that death occurred at <u>5:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles M. Jones M.D. Parkwood Mo.</u>				23b. ADDRESS		23c. DATE SIGNED <u>10/17/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-19-'50.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park Lawn</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., 23 Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-18-50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Danke M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>MITTELBERG FUNERAL HOME</u>		

RWR

(Licensed Embalmer's Statement on Reverse Side)

43 W. LOCKWOOD AV. WEBSTER GROVES, MO

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.....

*Edward R. Padusell*

Signed.....

Student Embalmer

Licensed Embalmer No. 4077

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.