

DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42800  
Registrar's No. 10649

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 42800		Registrar's No. 10649			
1. PLACE OF DEATH a. COUNTY _____					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis			c. LENGTH OF STAY (In this place) 5yrs		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis			2089			
d. FULL NAME OF HOSPITAL OR INSTITUTION 8524 Drury Lane					d. STREET ADDRESS (If rural, give location) 8524 Drury Lane						
3. NAME OF DECEASED (Type or Print) a. (First) Albert			b. (Middle) R.		c. (Last) Schalch		4. DATE OF DEATH (Month) (Day) (Year) Dec. 12 1950				
5. SEX 0 male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH July 6 1887		9. AGE (In years last birthday) 63			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Filling Station Operator			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis Mo.			12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME George Schalch			13b. MOTHER'S MAIDEN NAME Margaret Quinn			14. NAME OF HUSBAND OR WIFE Genevieve Schalch					
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 Genevieve Schalch; 8524 Drury La.						
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) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis 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 70 min. 4 yrs	
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? H201						
22. I hereby certify that I attended the deceased from Dec. 7 1950, to Dec. 12, 1950, that I last saw the deceased alive on Dec. 12, 1950, and that death occurred at 6:45 p.m., from the causes and on the date stated above.											
23a. SIGNATURE N. J. Houlich (Degree or title) M.D.					23b. ADDRESS 8902 Ravenhill Blvd.			23c. DATE SIGNED 12-13-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 12/15/50		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.					
DATE REC'D BY LOCAL REG. DEC 13 1950		REGISTRAR'S SIGNATURE J. B. Luster			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral; 1905 Union Blvd.						

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

Dr. N. J. Honloch;  
8902 Riverview Dr.;

(1 to 4)

*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 Albert R. Thompson Jr.

Signed.....  
Student Embalmer

Licensed Embalmer No. 4237

P. O. Address. St. Louis

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.