

No. 500
10-48

FILED OCT 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30747

BIRTH NO. _____ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 5675 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hurricane Township		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL	
		d. STREET ADDRESS (If rural, give location) Rt. 4, Box 642B, St. Louis 15, Mo	

3. NAME OF DECEASED (Type or Print)	a. (First) Edwin	b. (Middle) F.	c. (Last) Schoch	4. DATE OF DEATH (Month) (Day) (Year) Sept. 13, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 13, 1916	9. AGE (In years last birthday) 35	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Flight Test Pilot	10b. KIND OF BUSINESS OR INDUSTRY McDonnell Aircraft	11. BIRTHPLACE (State or foreign country) Oakmont, Pa.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Milton Schoch	13b. MOTHER'S MAIDEN NAME Anna Ruth Foresman	14. NAME OF HUSBAND OR WIFE Arlene W. Schoch
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) World War II 714-09-5912	17. INFORMANT'S SIGNATURE OR NAME Arlene Schoch	ADDRESS Rt. 4, Box 642B St. L.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACCIDENTAL DEATH DUE TO AIRPLANE CRASH		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) To AIRPLANE CRASH DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		E 866X 11	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION AS7	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Flying in airplane	21c. COUNTY Lincoln (STATE) Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) SEPT. 13-1951 10 A.M.	21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Airplane crash
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22. I hereby certify that I attended the deceased from 18 to 19 that I last saw the deceased alive on 19, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Judson Ellis, Coroner	23b. ADDRESS Troy, Mo.	23c. DATE SIGNED 9/13/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Sept. 15, 1951	24c. NAME OF CEMETERY OR CREMATORY Buffalo, New York	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 10/4/1951	REGISTRAR'S SIGNATURE Mrs. Clarence Kierley	25. FUNERAL DIRECTOR'S SIGNATURE White Chapel, Ferguson, Missouri	ADDRESS
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(Licensed Embalmer) Statement on Reverse Side

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

0570 35

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 5 1951

RECEIVED

OCT 10 1951

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed L. M. White

Licensed Embalmer No. 3973

P. O. Address Herguson, 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.