No. 300
10.48

FILED OCT 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31204

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 192

923
0

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

1. PLACE OF DEATH
a. COUNTY: St Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Charles ~~Rt #3~~
c. LENGTH OF STAY (in this place): 73
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Charles Rt #3 0920
d. STREET ADDRESS (If rural, give location): Rural Rt #3 1

3. NAME OF DECEASED (Type or Print)
a. (First): Catherine
b. (Middle):
c. (Last): Schnedler

4. DATE OF DEATH (Month) (Day) (Year): Sept. 22 1951

5. SEX: F 1
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: October 22 1877
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 11, Days 0 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House keeper
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): St Charles County Mo 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Bernard Dunkmann
13b. MOTHER'S MAIDEN NAME: Ermeling
14. NAME OF HUSBAND OR WIFE: Carl Schnedler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): no.
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Erwin Schnedler 710 Harvester Rd

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, asthenia, 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)	Femor Thrambosis	2 weeks
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Phlebo Thrambosis	1 mo
DUE TO (c)	Arteriosclerosis	
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Rheumatoid Arthritis	10 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4500
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 10, 1951, *to* Sept. 22, 1951, *that I last saw the deceased alive on* Sept. 22, 1951, *and that death occurred at* 11 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Mt D
23b. ADDRESS: St Charles Mo
23c. DATE SIGNED: 9-24-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: Sept 25 1951
24c. NAME OF CEMETERY OR CREMATORY: Orchard Farm Cemetery
24d. LOCATION (City, town, or county) (State): Orchard Farm Mo

DATE REC'D BY LOCAL REG.: 9-28-51
REGISTRAR'S SIGNATURE: Fannie Hamilton 284
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Hackmann, Gaus St Charles Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
OCT 2 1951
DISTRICT HEALTH OFFICE No. 4
File No. ____
NOV 21 1952

NOV 21 1952

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 .....

Licensed Embalmer No. .....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.