

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED NOV 8 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3577

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Berkeley</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ferguson</u>	
c. LENGTH OF STAY (in this place) <u>2 years</u>		d. STREET ADDRESS (If rural, give location) <u>229 Randolph</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Penn Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) <u>Mary</u>			a. (First) _____ b. (Middle) _____ c. (Last) <u>Schonde</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 31, 1951</u>							
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 17, 1872</u>		9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (State or foreign country) <u>Rolla, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		

13a. FATHER'S NAME <u>Louis Schrader</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Josneh Schonde (dec'd)</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>None</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Ralph Schonde, Ferguson, Missouri</u> ADDRESS _____		

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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial insufficiency</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic Cardio-vascular disease</u>						<u>unknown</u>	
		DUE TO (c) _____						<u>unknown</u>	
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Emphysema, pulmonary Kyphosis</u>						<u>unknown</u>	
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) <u>4201</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____			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 3, 1950, to Oct 31, 1951, that I last saw the deceased alive on Oct 30, 1951, and that death occurred at 2:30 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lewis Littmann MD</u>			23b. ADDRESS <u>8231 Clayton Rd (17)</u>			23c. DATE SIGNED <u>Nov 2, 1951</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 3, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Gardens</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>		

DATE REC'D BY LOCAL REG. <u>11-2-51</u>		REGISTRAR'S SIGNATURE <u>Robert P. Dombke, MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>White Chapel, Ferguson, Missouri.</u> ADDRESS _____	
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No. 300  
48  
OFF 44001  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Mr. Littmann 6 of 31 Clayton Rd.

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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

*R. M. White*

Licensed Embalmer No. *3973*

P. O. Address *Berquon, Cal*

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.