

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

39694

State File No. ....

9781

**FILED NOV 24 1951**

**318**

**1003**

Registrar's No. ....

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Missouri St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>2812a Lemp</u>		STREET ADDRESS (If rural, give location) <u>2812a Lemp</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) <u>Marie Schueck</u>		a. (First) <u>Marie</u>	b. (Middle) <u>Schueck</u>
		c. (Last)	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Nov. 4, 1951</u>
<b>5. SEX</b> <u>female</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>widowed</u>	<b>8. DATE OF BIRTH</b> <u>ab. 1892</u>
<b>9a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>none</u>		<b>9b. KIND OF BUSINESS OR INDUSTRY</b> <u>none</u>	<b>9. AGE</b> (In years last birthday) <u>ab. 59</u> # UNDER 1 YEAR Months   # UNDER 1 DAY Days   # UNDER 1 HR. Hours   # UNDER 1 MIN. Min.
<b>10a. USUAL OCCUPATION</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Germany</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>4</u>
<b>13a. FATHER'S NAME</b> <u>Andrew Wohaska</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Theresa unk</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Fred</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (If yes, give year or dates of service) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> <u>no</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Frances Burton</u>
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Hypertension arteri sclerosis heart disease</u> <b>ANTECEDENT CAUSES</b> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> <b>DUE TO (b)</b> _____ <b>DUE TO (c)</b> _____	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21. INTERVAL BETWEEN ONSET AND DEATH</b> <u>1 yr (?)</u>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u>H200</u>	
<b>22. I hereby certify that I attended the deceased from <u>Dec 28, 1950</u>, to <u>Nov 4, 1951</u>, that I last saw the deceased alive on <u>Nov 3, 1951</u>, and that death occurred at <u>1025 p.m.</u>, from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <u>Edward W. Geburachi</u>		<b>23b. ADDRESS</b> <u>3701 Grandbl. Sq</u>	<b>23c. DATE SIGNED</b> <u>11/5/51</u>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>removal</u>	<b>24b. DATE</b> <u>11-7-51</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Resurrection</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis County, Mo.</u>
<b>DATE REC'D BY LOCAL</b> <u>NOV 5 1951</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Paul Smith M.D.</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Southern Grandbl Home</u> <u>8322 S Grandbl</u>	

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

*Dr. Edw. W. Czebinski*

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

*Lind Lee Fossan*

Licensed Embalmer No. *4242*

P. O. Address *6322 50 Grand*

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.