

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 1509

FILED MAR 5 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2029 | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) 5316 Sunshine Drive | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION D. O. A. City Hospital | | 2 | |

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|--|--------------------|--|--|------------------------------------|------------------------------|----------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) Sophie b. (Middle) Marie c. (Last) Schlothauer | | | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 15 1952 | | | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | 8. DATE OF BIRTH Oct. 26, 1905 | 9. AGE (In years last birthday) 46 | IF UNDER 1 YEAR Months Days | IF UNDER 2 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher | | 10b. KIND OF BUSINESS OR INDUSTRY Madison School | 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY? | |

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|---|--|---|--|---|--|
| 13a. FATHER'S NAME Louis Schlothauer | | 13b. MOTHER'S MAIDEN NAME Sophie Wieben | | 14. NAME OF HUSBAND OR WIFE ----- | |
| 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. No | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Helen Schlothauer 5316 Sunshine Dr. | |

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|---|--|---|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carbon Monoxide Poisoning | | when deceased was found seated in the front seat of her car in the garage in the rear of her home at 5316 Sunshine Dr. on Feb. 15, 1952 | | | Cause and manner of |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. |

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|--|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION same could not be determined open verdict | | 20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input 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) seo | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? E 8910-15 | |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 700 P.M., from the causes and on the date stated above.

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|--|--|-------------------------|--|---|--|
| 23a. SIGNATURE (Name or title) Patrick L. Taylor Cor 3 | | 23b. ADDRESS 1500 Clark | | 23c. DATE SIGNED 2. 18. 52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation | | 24b. DATE Feb. 19, 1952 | | 24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory | |
| 24d. LOCATION (City, town, or county) (State) St. Louis County MO. | | | | | |

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|--------------------------------------|--|-------------------------------------|--|---|--|
| DATE REC'D BY LOCAL REG. FEB 18 1952 | | REGISTRAR'S SIGNATURE Carl Smith MO | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister Colonial Mortuary 6464 Chippewa St., St. Louis, Mo. | |
|--------------------------------------|--|-------------------------------------|--|---|--|

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

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 *Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *2814 1st Broadway*

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.