

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19563
State File No. 6 Registrar's No. 6

BIRTH NO. _____ REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6049

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Dardenne		c. LENGTH OF STAY (In this place) 11 years	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Dardenne	
		d. STREET ADDRESS (If rural, give location) 1 mile north of Weldon Spring	

3. NAME OF DECEASED (Type or Print) Matthew Schiebendrein			4. DATE OF DEATH (Month) (Day) (Year) March 18, 1952		
a. (First)		b. (Middle)	c. (Last)		

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 4, 1874	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 0 Days 14	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) Millwright	10b. KIND OF BUSINESS OR INDUSTRY Flour Mill	11. BIRTHPLACE (State or foreign country) Austria	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Schiebendrein	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Caecilia Schiebendrein
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 488-12-7538	17. INFORMANT'S SIGNATURE OR NAME Mrs. C. Schiebendrein	ADDRESS Weldon Spring
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephrosclerosis		
	DUE TO (c) Chronic Myocarditis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION Jan. 1952	19b. MAJOR FINDINGS OF OPERATION Enlarged Prostate Gland	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 446 X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **Dec. 31, 1951**, to **March 18, 1952**, that I last saw the deceased alive on **March 6, 1952**, and that death occurred at **4:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE John L. Krueger MD (Degree or title)	23b. ADDRESS O'Fallon, Missouri	23c. DATE SIGNED 3/19/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/21/52	24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. 3/21/52	REGISTRAR'S SIGNATURE Ea Keithly	25. FUNERAL DIRECTOR'S SIGNATURE Wanda Munday	ADDRESS Wentzville Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48-52

MAR 23 1952

970
1

MAR 6 1957

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 Harold O. Kusler

Licensed Embalmer No. 4631

P. O. Address Westville, 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.