

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17623

State File No.

FILED MAY 31 1952

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

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before) a. STATE Mo. b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 342 So. Main		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles	
		d. STREET ADDRESS W/ 342 So. Main	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Carl	b. (Middle) J.	c. (Last) Schaber	(Month) 5	(Day) 24	(Year) 1952
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH July 9, 1870	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 10 Days 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) St. Charles, Co.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jacob Schaber	13b. MOTHER'S MAIDEN NAME Margaret Bauer	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Dora Pohlman	ADDRESS 342 So. Main
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uraemia		INTERVAL BETWEEN ONSET AND DEATH 48 hrs, 5 yrs, 10 yrs,
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic nephritis		
	DUE TO (c) Gen Arterio-sclerosis,		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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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?
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22. I hereby certify that I attended the deceased from May 24, 1952 to May 24, 1952 that I last saw the deceased alive on May 24, 1952, and that death occurred at 8 P. m., from the causes and on the date stated above.

23a. SIGNATURE D.P. Erich Schuss, M.D. (Degree or title)	23b. ADDRESS St. Charles, Mo.	23c. DATE SIGNED 5/26/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 27, 1952	24c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery	24d. LOCATION (City, town, or county) (State) St. Charles, Mo.
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DATE REC'D BY LOCAL REG. 5/27/52	REGISTRAR'S SIGNATURE Francis H. ...	25. FUNERAL DIRECTOR'S SIGNATURE Hachmann Bone ...	ADDRESS St. Charles, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Frederic W. Bane

Licensed Embalmer No. 4607

P. O. Address St. Charles, 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.