

FILED JUL 24 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 26297
 Registrar's No. 5106

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 St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) 11 days | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Hospital | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellston | |
| | | d. STREET ADDRESS (If rural, give location) 6137 Page avenue | |
| 3. NAME OF DECEASED a. (First) Sophia b. (Middle) Julianna c. (Last) Schindler | | | 4. DATE OF DEATH (Month) (Day) (Year) 6-1-52 |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) widowed | 8. DATE OF BIRTH 10-6-1876 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY at home | 9. AGE (In years last birthday) 75 |
| | | 11. BIRTHPLACE (City and State or Foreign Country) Shipperville, Pa | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Fred Fickeissen | | 13b. MOTHER'S MAIDEN NAME Julianna Bailey | 14. NAME OF HUSBAND OR WIFE Julius Schindler |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) no | | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edwin Schindler, Chesterfield, Mo. |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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"/> | | INTERVAL BETWEEN ONSET AND DEATH 2 year | |
| 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) | |
| 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 4222 | |
| 22. I hereby certify that I attended the deceased from 6-1-1950, to 6-1-1952, that I last saw the deceased alive on 6-1-1952, and that death occurred at _____ m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <i>Clare B. Kane M.D.</i> | | 23b. ADDRESS 706 Walton | 23c. DATE SIGNED 6-2-52 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) removal | 24b. DATE 6-2-52 | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) Ballwin, Mo. |
| DATE REC'D BY LOCAL REG. JUN 4 1952 | REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schrader F. H., Ballwin, 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

Bern Hoffman

Licensed Embalmer No. 4366

P. O. Address St. Louis, 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.