

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

No. 300-10.48 FILED AUG 23 1952

318

1009

State File No.

Registrar's No. 7436

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No.	
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 town) St. Louis		c. LENGTH OF STAY (in this place) 4 yrs		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2269 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1433 Bremen Ave				d. STREET ADDRESS (If rural, give location) 26 1433 Bremen Ave			
3. NAME OF DECEASED (Type or Print) a. (First) Edward		b. (Middle) _____		c. (Last) Schoopmire		4. DATE OF DEATH (Month) (Day) (Year) August 2 1952	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH October 25 1875	
9. AGE (In years last birthday) 76		F UNDER 1 YEAR Months _____		F UNDER 24 HRS. Days _____		Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man		10b. KIND OF BUSINESS OR INDUSTRY Temple Desk Co		11. BIRTHPLACE (State or foreign country) Rising Sun Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Schoopmire		13b. MOTHER'S MAIDEN NAME Alice Neiman		14. NAME OF HUSBAND OR WIFE Late Tillie Schoopmire			
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dorothy Dehner 5242 Blow			
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) Endocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input 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)		4234	
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 Sept 4, 1950, to July 30, 1952, that I last saw the deceased alive on July 30, 1952, and that death occurred at 4 P. m., from the causes and on the date stated above.							
23a. SIGNATURE Cecil C. Oberhaef, M.D. (Degree or title)				23b. ADDRESS 1509 Bremen Av.		23c. DATE SIGNED Aug 4, 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE August 6 1952		24c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery		24d. LOCATION (City, town, or county) (State) Edwardsville Ills	
DATE REC'D BY LOCAL REG. AUG 4 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F Fetz 4828 Nat Bridge Blvd			

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

9-11 a.m.
ch 8814

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 Ralph C. Lindus

Licensed Embalmer No. 4225

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.