

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45065

State File No. _____

FILED JAN 26 1952

318

1003

Registrar's No. 11724

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|---|-------------------------------|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____ | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u> | | c. LENGTH OF STAY (in this place) _____ | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> 2239 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2621 Eads Ave.</u> | | | d. STREET ADDRESS (If rural, give location) <u>2621 Eads Ave.</u> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>CONNIE</u> b. (Middle) <u>W.</u> c. (Last) <u>SCHAIER</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 19 1952</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Nov. 30, 1895</u> | 9. AGE (In years last birthday) <u>57</u> | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Meat Cutter-Metropolitan Co.</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? _____ |
| 13a. FATHER'S NAME <u>William Schaiier</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Florence Schaiier</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>489-09-8986</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Florence A. Schaiier 2621 Eads Ave.</u> | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute dilatation of heart.</u> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Myocarditis, chronic</u> | | | INTERVAL BETWEEN ONSET AND DEATH _____ |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>No surgery.</u> | | 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) _____ | | |
| 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? 4343 | | |
| 22. I hereby certify that I attended the deceased from <u>Oct. 19, 1952</u> , to <u>Dec. 19, 1952</u> , that I last saw the deceased alive on <u>Dec. 19, 1952</u> , and that death occurred at <u>12 Noon m.</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <u>[Signature]</u> | | 23b. ADDRESS <u>4930 Lindell Blvd., St. Louis, Mo.</u> | | 23c. DATE SIGNED <u>12-20-52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal (Mtn)</u> | | 24b. DATE <u>12-22-1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>College Hill Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Lebanon, Ill.</u> |
| DATE RECD BY LOCAL <u>DEC 22 1952</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl</u> | |

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 *Edwin M. Permitt* _____

Licensed Embalmer No. *3024* _____

P. O. Address _____

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.