

## STANDARD CERTIFICATE OF DEATH

16529

State File No. ....

4005

FILED APR 29 1953

BIRTH NO. .... REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 547 Registrar's No. 1098

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2109</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>3534 a Harriet Ave</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>GLORIA</u>		b. (Middle) <u>CHARLOTTE</u>	c. (Last) <u>OLDENETTEL</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> <u>14</u> <u>1953</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2/19/1927</u>
9. AGE (In years last birthday) <u>26</u>	IF UNDER 1 YEAR Months <u>1</u>	IF UNDER 1 YEAR Days <u>25</u>	IF UNDER 1 YEAR Hours <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>Cooper Hill Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Joseph William Schneider</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Tschappler</u>	14. NAME OF HUSBAND OR WIFE <u>George W. Oldenettel</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-26-5456</u>	17. INFORMANT'S SIGNATURE OR NAME <u>George W. Oldenettel</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ulcerative Colitis, acute</u> 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. <u>Peritonitis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u> <u>2 weeks</u>
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<u>5722</u>	
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?	
22. I hereby certify that I attended the deceased from <u>March 6</u> , 19 <u>53</u> , to <u>April 14</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>April 6</u> , 19 <u>53</u> , and that death occurred at <u>7 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>William C. Campbell, M.D.</u>		23b. ADDRESS <u>4161 Lindell</u>	23c. DATE SIGNED <u>4/15/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/17/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo</u>
DATE REC'D BY LOCAL REG. <u>4-16-53</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donohue, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ambruster Mortuary</u>	
		ADDRESS <u>6633 Clayton Road</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Ernest W. Spiller*

Signed.....

Student Embalmer

Licensed Embalmer No. ....

*4080*

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.