

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19858

State File No. ....

5045

FILED JUN 4 1953

BIRTH NO.

4 1953

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital</b>		• STREET ADDRESS (If rural, give location) <b>2239 1018a Rutger</b>	
3. NAME OF DECEASED (Type or Print) <b>WILLIAM</b>		a. (First) <b>WILLIAM</b>	b. (Middle) <b>SCHADLE</b>
c. (Last) <b>SCHADLE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 27, 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 11, 1879</b>
9. AGE (In years last birthday) <b>74</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Electrician-laborer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>New Jersey</b>
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Isaac</b>		13b. MOTHER'S MAIDEN NAME <b>Ina Fenton</b>	14. NAME OF HUSBAND OR WIFE <b>Helen Shadle</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Hospital Record</b>
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) <b>Lung abscess</b> DUE TO (b) <b>Carcinoma of Esophagus</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 checked="" 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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>150x</b>	
22. I hereby certify that I attended the deceased from <b>4-1-53</b> , 19___, to <b>4-27-53</b> , 19___, that I last saw the deceased alive on <b>4-27-53</b> , 19___, and that death occurred at <b>4:25A.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>George M. Workman M.D.</b>		23b. ADDRESS <b>1515 Lafayette Avenue</b>	23c. DATE SIGNED <b>4-27-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>5-30-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Barru</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
DATE REC'D BY LOCAL REG. <b>MAY 19 1953</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Rowland Mortuary Service</b>	ADDRESS <b>1414 N. Winchester Ave.</b>

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.....  
Signature of Student Embalmer

Signed *Not Embalmed*  
~~.....~~

Licensed Embalmer No. *43*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.