

37574

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

S. No. 300
v. 10-48

FILED OCT 27 1953

State File No.

BIRTH NO. 74664 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9093

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Berkley 1091</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DePaul Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>8315 Airport Road</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Denise</u>	b. (Middle) <u>Marie</u>	c. (Last) <u>Schoettle</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>September 18, 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>September 17, 1953</u>	9. AGE (In years last birthday)	10. MONTHS	11. DAYS	12. HOURS	13. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NA</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Missouri</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>Paul Schoettle</u>	13b. MOTHER'S MAIDEN NAME <u>Glenda Downs</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME <u>Paul Schoettle</u>	ADDRESS <u>8315 Airport Road</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>776x</u>
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22. I hereby certify that I attended the deceased from 9/17, 1953, to 9/18, 1953 that I last saw the deceased alive on 9/17, 1953, and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Thomas C. Kuebeck MD</u>	(Degree or title) (D)	23b. ADDRESS <u>9th S. Floissant Rd Jefferson</u>	23c. DATE SIGNED <u>9/19/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>September 21, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Trinity Lutheran</u>	24d. LOCATION (City, town, or county) (State) <u>1800 Lemay Ferry Road</u>
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DATE REC'D BY LOCAL REG. <u>SEP 21 1953</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Hoffmeister</u>	ADDRESS <u>U.&.L.Co. 7814 S. Broadway</u>
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(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____

working under my personal supervision.

Fluid Pack

Student Embalmer No. _____

Student

Student Embalmer

Signed: _____

Harry J. Sheemaker

Licensed Embalmer No. *2679*

P. O. Address *7814 S. Broadway*

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.