

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45544

State File No.

0413

FILED FEB 2 1954		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).		
b. CITY OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>St. Louis</i>	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 <i>221 So B'way</i>		e. STREET ADDRESS (If rural, give location) <i>25 221 So Broadway</i>		
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH		
<i>George V Schlater</i>		<i>12 25 53</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>1898</i>	9. AGE (In years last birthday) <i>55</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Widow</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Widow</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Widow, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>Mo.</i>
13a. FATHER'S NAME <i>Widow</i>		13b. MOTHER'S MARYDEN NAME <i>Widow</i>	14. NAME OF HUSBAND OR WIFE <i>Widow</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of date of service) <i>Widow</i>		16. SOCIAL SECURITY NO. <i>Widow</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>BE Taylor Colonel 1300 Clark</i>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES DUE TO (b) <i>Oedema of Brain</i> DUE TO (c) <i>Cirrhosis of Liver</i> 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 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>5810</i>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>10:45</i> m., from the causes and on the date stated above: -				
23a. SIGNATURE <i>Joseph M. Taylor</i>		23b. ADDRESS <i>1300 Clark</i>	23c. DATE SIGNED <i>1/8/53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>1-30-54</i>		24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <i>Anatomical Board</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>
DATE REC'D BY LOCAL REG. <i>JAN 15 1954</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith MO</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Rowland-Aker Mortuary Service 4124 M. Webster Ave</i>

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

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.