

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

1814

State File No.

FILED FEB 15 1954

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MO.</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ROCK TOWNSHIP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ROCK TOWNSHIP</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEAR ARNOLD, MO.</u>		d. STREET ADDRESS (If rural, give location) <u>NEAR ARNOLD, MO.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>ANDREW</u> c. (Last) <u>SCHIERHOFF</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 2, 1954</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>JAN. 25, 1874</u>
9. AGE (In years last birthday) <u>80</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, COUNTY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>JOHN HERMAN SCHIERHOFF</u>		13b. MOTHER'S MAIDEN NAME <u>KATHERINE HENKER</u>	
14. NAME OF HUSBAND OR WIFE <u>REGINA SCHIERHOFF</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>REGINA SCHIERHOFF, ARNOLD, MO.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Plur. Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> 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"/>		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) <u>Arnold Jefferson MO</u>	
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?		22. I hereby certify that I attended the deceased from <u>Jan 19 1954</u> to <u>Feb 2, 1954</u> , that I last saw the deceased alive on <u>2/2, 1954</u> , and that death occurred at <u>12:45</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Heich MD</u>		23b. ADDRESS <u>Imperial MO</u>	
23c. DATE SIGNED <u>2/4/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>FEB. 6, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>IMMACULATE Conception</u>	
24d. LOCATION (City, town, or county) (State) <u>ARNOLD, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>HEILIGTAG FUN. HOME, IMPERIAL, MO.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 6, 1954</u>		REGISTRAR'S SIGNATURE <u>Ruth Giese</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

EMBALMER

DATE RECEIVED FEB 10 1954

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

Arthur W. Heiligtag

Licensed Embalmer No. _____

2872

P. O. Address _____

Impresso, Mo.

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.