

STANDARD CERTIFICATE OF DEATH

5293

State File No.

FILED MAR 1 1954

BIRTH NO.		REG. DIST. NO. <u>162</u>		PRIMARY REG. DIST. NO. <u>4251</u>		Registrar's No. <u>19</u>	
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>Tollace</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kimmswick,</u>		c. LENGTH OF STAY (In this place) <u>52 yrs.</u>		c. CITY OR TOWN <u>Kimmswick</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Kimmswick, Mo.</u>				e. STREET ADDRESS (If rural, give location) <u>Home Kimmswick, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sophia</u>		b. (Middle)		c. (Last) <u>Schad</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 16 1954</u>	
5. SEX <u>F.</u>	6. COLOR (OR RACE) <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow ed</u>	8. DATE OF BIRTH <u>June 25, 1872</u>		9. AGE (In years last birthday) <u>81</u>	10. UNDER 1 YEAR Months <u>7</u> Days <u>21</u>	11. UNDER 2 HRS. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Washington, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Schneider</u>			13b. MOTHER'S MAIDEN NAME <u>Mary ???</u>		14. NAME OF HUSBAND OR WIFE <u>John Deceased</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>Philip J. Streib 4508 Carver St. Louis</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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mr. Myocarditis</u>						INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>Family</u> DUE TO (c) <u>Family</u>						
	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 <u>4222</u>				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>Kimmswick Jefferson Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>7/16/54</u>		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>1949</u> , 19___, to <u>7/16/54</u> 19___, that I last saw the deceased alive on <u>7/16/54</u> , and that death occurred at ___ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Chas. A. Braden</u> (Degree or title)				23b. ADDRESS <u>Imperial Mo</u>		23c. DATE SIGNED <u>7/16/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 18, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Park Lawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>MAR 1 1954</u>		REGISTRAR'S SIGNATURE <u>Chas. A. Braden</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Heiligtag Fun. Home, Imperial, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0500

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

FEB 24 1954

DATE RECEIVED

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 *Elmer Helwig*.....

Licensed Embalmer No. *357*

P. O. Address *Imperial*

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.