

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 17 1954

State File No. **17130**  
Registrar's No. **4165**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN University City		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. Alexian Bros. Hospo.		e. STREET ADDRESS (If rural, give location) 6768 Bartmer Ave. <b>4325</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) Henry			a. (First)			b. (Middle)			c. (Last) Dilschneider			<b>4. DATE OF DEATH</b> May 7, 1954		
<b>5. SEX</b> Male		<b>6. COLOR OR RACE</b> White		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) Married		<b>8. DATE OF BIRTH</b> July 15, 1871			<b>9. AGE</b> (In years last birthday) 82		<b>10. CITIZEN OF WHAT COUNTRY</b> U.S.A.			
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) Building Contractor				<b>10b. KIND OF BUSINESS OR INDUSTRY</b>				<b>11. BIRTHPLACE</b> (City and State or Foreign Country) Germany				<b>12. CITIZEN OF WHAT COUNTRY</b> U.S.A.		

<b>13a. FATHER'S NAME</b> Matthias Dilschneider		<b>13b. MOTHER'S MAIDEN NAME</b> Margaret Paton		<b>14. NAME OF HUSBAND OR WIFE</b> Caroline Dilschneider					
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> Ray M. Dilschneider				<b>17. ADDRESS</b> #12 Lindworth	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>						<b>INTERVAL BETWEEN ONSET AND DEATH</b> 1 week.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <i>Cardiovascular Heart Disease</i>		DUE TO (b) _____				12 hr. 1 week.	
		DUE TO (c) _____		DUE TO (b) _____					
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <i>Diabetes Mellitus - Pneumonia -</i>							
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>						<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> 4200	

22. I hereby certify that I attended the deceased from 5-5, 1954, to 5-8, 1954, that I last saw the deceased alive on 5-8, 1954, and that death occurred at 1:00 P.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <i>Chas. F. Stuart</i>		<b>23b. ADDRESS</b> 1225 Union		<b>23c. DATE SIGNED</b> 5-8-54	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) Burial		<b>24b. DATE</b> 5/10/54		<b>24c. NAME OF CEMETERY OR CREMATORY</b> Calvary Cemetery	
				<b>24d. LOCATION</b> (City, town, or county) (State) St. Louis, Mo.	

<b>DATE REC'D BY LOCAL REG.</b> MAY 10 1954		<b>REGISTRAR'S SIGNATURE</b> <i>Chas. F. Stuart</i>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> Chas. F. Stuart		<b>ADDRESS</b> 1225 Union Blvd.	
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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 *Melvin L. Kemp*

Licensed Embalmer No... *40*

P. O. Address *3505...  
St Louis 20*

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.