

FILED AUG 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

29453

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>1900</u>							
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u>									
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lemay</u>		c. LENGTH OF STAY (In this place) <u>4 Days</u>		c. CITY OR TOWN <u>St. Louis</u>		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 <u>Lemay Nursing-Home</u>				e. STREET ADDRESS (If rural, give location) <u>5362 Reber Place</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>SOPHIA</u>			b. (Middle) <u>W.</u>		c. (Last) <u>SCHLUDE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 31 1954</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sep. 25, 1882</u>		9. AGE (In years last birthday) <u>71</u>		10. F UNDER 1 YEAR Months _____ Days _____		11. F UNDER 10 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson Co., Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Philip Baumgarth</u>				13b. MOTHER'S MAIDEN NAME <u>Kathryn Stortz</u>				14. NAME OF HUSBAND OR WIFE <u>Gustavo J. C. Schlude</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gustav J. C. Schlude 5362 Reber Pl.</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.										INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>											
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>										5 yrs.	
		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>4200</u>							
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?							
22. I hereby certify that I attended the deceased from <u>July 27, 1954</u> , to <u>July 31, 1954</u> , that I last saw the deceased alive on <u>July 31, 1954</u> , and that death occurred at <u>4:40P m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>Michael L. Bantnich M.D.</u>								23b. ADDRESS <u>7629 So. Broadway</u>				23c. DATE SIGNED <u>8/2/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 3, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cem.</u>				24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>					
DATE REC'D BY LOCAL REG. <u>8/2/54</u>		REGISTRAR'S SIGNATURE <u>Rebecca S. Ambler</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wriegshauser 4228 S. Kingshighway Bl.</u>							

(Licensed Embalmer's Signature on Reverse Side)

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.....
Edwin M. Bernard

Licensed Embalmer No. *3024*

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.**