

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 21 1954

32174
State File No. 8419
Registrar's No.

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

I. PLACE OF DEATH a. COUNTY _____ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____
Mo.

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (In this place) Life d. CITY OR TOWN St. Louis e. Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: 3952 Botanical Ave. • STREET ADDRESS (If rural, give location) 3952 Botanical Ave. 21170

3. NAME OF DECEASED a. (First) George b. (Middle) E. c. (Last) Schou 4. DATE OF DEATH (Month) (Day) (Year) Sept. 13, 1954

5. SEX M. 6. COLOR OR RACE W. 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED M. 8. DATE OF BIRTH Feb. 22, 1886 9. AGE (In years last birthday) 68 IF UNDER 1 YEAR Months 0 Days 21 IF UNDER 6 HRS. Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lineman - Wrought Iron Range Co. 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Garnarius Schou 13b. MOTHER'S MAIDEN NAME Christine Hagen 14. NAME OF HUSBAND OR WIFE Mrs. Agnes Schou

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 488-03-1959 17. INFORMANT'S SIGNATURE OR NAME Mrs. Agnes Schou, 3952 Botanical Ave. ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis, coronary occlusion. 3 years
ANTECEDENT CAUSES (b) My peritonitis, Anterior scleritis. 3 years
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 Aug, 1951 19b. MAJOR FINDINGS OF OPERATION Bilateral lumbar Sympathectomy 20. AUTOPSY? YES NO

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) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 4201

22. I hereby certify that I attended the deceased from June 1934, to Sept 1954, that I last saw the deceased alive on Sep 13, 1954, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE Henry G. Harshbarger, D.O. (Degree or title) 23b. ADDRESS 607 N. Grand Bl. 23c. DATE SIGNED Sept 14 54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Sept. 16, 1954 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. SEP 14 1954 REGISTRAR'S SIGNATURE J. Carl Smith REGISTERED J. Donnelly 3840 Lindell Blvd. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS (Licensed Embalmer's Statement 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 *Francis Williamson*.....

Licensed Embalmer No. *356*

P. O. Address *St. Louis*

3840 Lindbergh

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.