

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11490

State File No. ....

FILED APR 25 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WASHINGTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HERMANN</u>	
c. LENGTH OF STAY (In this place) <u>3 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>131 W. 5th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. FRANCIS HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>EMILY</u> b. (Middle) <u>MARIE</u> c. (Last) <u>CAROLINE SCHEIBLE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 21-1955</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	8. DATE OF BIRTH <u>DEC 31-1878</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWORK</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BERGER Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>CHRISTIAN WEBER</u>		13b. MOTHER'S MAIDEN NAME <u>FREDERICKA ALLEMAYER</u>		14. NAME OF HUSBAND OR WIFE <u>ANDREAS SCHEIBLE</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>ERWIN SCHEIBLE HERMANN MO</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL THROMBOSIS</u>		DUE TO (b) <u>CEREBRAL ARTERIOSCLEROSIS</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CONGESTIVE HEART FAILURE</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332X</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)	
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 9-20, 1953, to 4-21, 1955, that I last saw the deceased alive on 4-20, 1955, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George M. Workman M.D.</u>		23b. ADDRESS <u>HERMANN, MO</u>		23c. DATE SIGNED <u>4-21-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-23-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BETHANY CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>Berger Mo</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Hugost, Leuner</u>		ADDRESS <u>HERMANN MO</u>	
DATE REC'D BY LOCAL REG. <u>4/22/55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hugost, Leuner HERMANN MO</u>	

(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 .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3160

P. O. Address Herrmann M

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.