

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24907

FILED JUL 21 1955

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 500	Registrar's No. 1488
1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY ST LOUIS		
b. CITY OR TOWN FENTON		c. LENGTH OF STAY (If this place) 17 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION R.I. FENTON M		STREET ADDRESS (If rural, give location) R.I. BOX 461		
3. NAME OF DECEASED (Type or Print) a. (First) ALICE		b. (Middle) MYRTLE	c. (Last) SCHOEN	4. DATE OF DEATH (Month) 6 (Day) 28 (Year) 1955
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH JUNE 15 1938	9. AGE (In years last birthday) 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT		10b. KIND OF BUSINESS OR INDUSTRY School	11. BIRTHPLACE (City and State or Foreign Country) ST LOUIS	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME GEORGE W. SCHOEN		13b. MOTHER'S MAIDEN NAME WINDECKER MYRTLE	14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Myrtle L. Schoen	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH About 18 mo
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Sarcoma of Ileum & Sacrum		
		ANTECEDENT CAUSES		
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
		DUE TO (b) -		
		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 6/17/54	19b. MAJOR FINDINGS OF OPERATION malignant tumor of Ileum & Sacrum		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)	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 2/5/54, 19, to 4/28/55, 19, that I last saw the deceased alive on 6/28/55, 19, and that death occurred at 5:20 A. M., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Clara M. Seibert, M.D.		23b. ADDRESS 870 Freshwater Valley Park	23c. DATE SIGNED 6/28/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JULY 1, 1955	24c. NAME OF CEMETERY OR CREMATORY St. Lucas	24d. LOCATION (City, town, or county) St. Louis County (State)	
DATE REC'D BY LOCAL REG. 6/30/55	REGISTRAR'S SIGNATURE Herbert R. Rountree	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leath, Fisher, Zerk, Mo.		

(Licensed Embalmer) 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 *Daniel J. Moore*.....
Licensed Embalmer No. *43*

P. O. Address *Alto*

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.