

XC-2 104 184
Reg. 10936 FILED SEP 29 1955

STANDARD CERTIFICATE OF DEATH

State File No. 31460

BIRTH NO. SL-4847 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8031

1. PLACE OF DEATH
a. COUNTY
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY Franklin

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 915 N. Grand, St. Louis, Mo. c. LENGTH OF STAY (In this place) 3 days
c. CITY OR TOWN UNION d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hosp. e. STREET ADDRESS (If rural, give location) 626 Christena Street

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) F. c. (Last) SCHOELICH 4. DATE OF DEATH (Month) (Day) (Year) 9-12-55

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH 9-1-92 9. AGE (In years last birthday) 63 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elevator Operator 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and State or Foreign Country) FRANKLIN CITY, MO. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Pete Schoelich 13b. MOTHER'S MAIDEN NAME Sofia Kampschmitt 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes 16. SOCIAL SECURITY NO. WW-1 499 123006 17. INFORMANT'S SIGNATURE OR NAME VA Hosp Records, 915 N. Grand, St. Louis, Mo. ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL INFARCTION INTERVAL BETWEEN ONSET AND DEATH Undetermined
*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 (b) CORONARY ARTERIOSCLEROSIS
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Generalized Arteriosclerosis
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 420.1 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?

22. I hereby certify that I attended the deceased from 9-9-55, 19, to 9-12-55, 19, and that death occurred at 3:45 pm., from the causes and on the date stated above.

23a. SIGNATURE HY F. Westphaelinger (Degree or title) 23b. ADDRESS VA Hospital 23c. DATE SIGNED 9-13-55

24a. BURIAL CREMATION REMOVAL (Specify) 24b. DATE 9-13-55 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) Union, Missouri

DATE REC'D BY LOCAL REG. SEP 13 1955 REGISTRAR'S SIGNATURE Carl Smith M.D. FUNERAL DIRECTOR'S SIGNATURE Edward Fendel 5611 S. Grand ADDRESS (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

SEP 29 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Melvin J. Kemp*

Licensed Embalmer No. *40*

P. O. Address *3505 - A*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (F
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.