

FILED NOV 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 38825
Registrar's No. 9135

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 9135	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Florissant 403		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 St. John's Hospt.			e. STREET ADDRESS (If rural, give location) St. Stanislaus Seminary		
3. NAME OF DECEASED a. (First) Bro. Arthur (Type or Print)			b. (Middle) H.	c. (Last) Schaller S.J.	4. DATE OF DEATH (Month) (Day) (Year) 10/19/55
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 10/23/1896	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Religion		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Millstadt? Ill.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Charles Schaller		13b. MOTHER'S MAIDEN NAME Magdalene Kuehner		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. Unk.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fr. Sheehy St. Stanislaus Seminary		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anterior Myocardial Infarction Coronary Thrombosis DUE TO (b) Anterograde Heart Disease DUE TO (c) None II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		INTERVAL BETWEEN ONSET AND DEATH 36 Hours 36-48 Hrs. 2-3 years?
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		420.0
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 Oct 12, 1955, to Oct 19, 1955, that I last saw the deceased alive on Oct 19, 1955, and that death occurred at 4:00 p.m., from the causes and on the date stated above.					
23a. SIGNATURE Robert S. Angler		(Degree or title) M.D.	23b. ADDRESS Crown Court, Mo.		23c. DATE SIGNED Oct. 20, 1955
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10/22/55	24c. NAME OF CEMETERY OR CREMATORY St. Stanislaus Cem.	24d. LOCATION (City, town, or county) (State) Florissant, Mo.		
DATE REC'D BY LOCAL REG. OCT 20 1955		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark Funeral Home Inc. 1125 Hodiamont Ave.	

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 *Alfred J. Bradeke*.....
Licensed Embalmer No. *266*.....

P. O. Address *11257th*.....

**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.**