

STANDARD CERTIFICATE OF DEATH

11369

State File No.

2549

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. LENGTH OF STAY (In this place) 2 1/2 years		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Margaretta Nursing Home				e. STREET ADDRESS (If rural, give location) 3658 W. Pine				21990	
3. NAME OF DECEASED (Type or Print) a. (First) Minnie			b. (Middle) H.		c. (Last) Schall		4. DATE OF DEATH (Month) (Day) (Year) March 10 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH March 15 1876		9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker			10b. Johnson Shoe Co		11. BIRTHPLACE (City and State or Foreign Country) East St. Louis Ills		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Henry Schall			13b. MOTHER'S MAIDEN NAME Louise Witte			14. NAME OF HUSBAND/OR WIFE			
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. Dont Know		17. INFORMANT'S SURNAME AND ADDRESS Webster Stove Mo. Ray Wenzlick 301 McDonald Pl				
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease						INTERVAL BETWEEN ONSET AND DEATH 2 1/2 years		
	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		19b. MAJOR FINDINGS OF OPERATION 420.0						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) (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 March 30, 1955 , to March 10, 1956 , that I last saw the deceased alive on March 1, 1956 , and that death occurred at 9 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Charles Silverberg M.D.			23b. ADDRESS 462 N. Taylor Ave.			23c. DATE SIGNED 3/12/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 16 1956	24c. NAME OF CEMETERY OR CREMATORY St. Mathews Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.				
DATE REC'D BY LOCAL REG. MAR 12 1956		REGISTRAR'S SIGNATURE J. Carl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Weick Bros 2201 S. Grand Blvd;				

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ben E. G. ...*
.....

Licensed Embalmer No.

P. O. Address *W. ...*
.....

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