

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **18603**  
Registrar's No. **4089**

FILED MAY 25 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>7 days</b>		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 <b>DePaul Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>1509 DeSoto Ave</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Edward</b> b. (Middle) <b>H.</b> c. (Last) <b>Schlomann</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 21 1956</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Nov. 27 1879</b>
9. AGE (in years) (Month) (Day) <b>76</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Food Inspector</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Food Inspector</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>City</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Ernest Schlomann</b>		13b. MOTHER'S MAIDEN NAME <b>Minna Schroeder</b>	14. NAME OF HUSBAND OR WIFE <b>Rose Schlomann</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>492 03 8184</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>J. W. Windmoeller 2251 Warren St.</b>
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) <b>Arteriosclerotic Cardiac Disease</b> INTERVAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES <b>Arteriosclerotic cardiac dis.</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Disease</b> 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 <b>420.0</b>	
20. AUTOPSY? YES <input 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)			
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 <b>Jan. 56</b> , to <b>April 22, 1956</b> , that I last saw the deceased alive on <b>April 22, 1956</b> , and that death occurred at <b>6:15 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>A. H. Sewing</b>		23b. ADDRESS <b>2342 St. Louis</b>	
23c. DATE SIGNED <b>4/23/56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removed</b>		24b. DATE <b>4/25/56</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>	
DATE REC'D BY LOCAL REG. <b>APR 25 1956</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Buchholz Mortuary</b>		ADDRESS <b>5967 W. Florissant</b>	

S.P. (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.....  
Signature of Student Embalmer

Signed *Walter R. Beckler*.....

Licensed Embalmer No. *453*.....

P. O. Address *St. Louis*.....

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.