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Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 29087 7215

Registration District No. 318 Primary Registration District 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 Warren Co.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN Marthasville — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) BARNES HOSPITAL — Length of stay in Ib	d. STREET ADDRESS (If outside, give location) 1099 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)	First: John	Middle: August	Last: Schake	4. DATE OF DEATH Month Day Year: Aug. 3, 1956
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: May 29 1883	9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 2, Days 5 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Self	11. BIRTHPLACE (City and state or country): Marthasville, Mo.	12. CITIZEN OF WHAT COUNTRY?: USA.	
13. FATHER'S NAME: Adolph Schake		14. MOTHER'S MAIDEN NAME: Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.: Unknown	17. INFORMANT: Franklin Schake	Address: Wentzville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Septicemia	1 wk.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. — DUE TO (b)	Streptococcal Pneumonia	2 wks.
DUE TO (c)	Parkinson's Disease	Yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 490X

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 29, 1956 to Aug. 3, 1956 and last saw her/him alive on Aug. 3, 1956. Death occurred at 11:15 P m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. Vermillion, M.D. (Degree or title) M. D.	22b. ADDRESS: BARNES HOSPITAL	22c. DATE SIGNED: 8/1/56

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 8-4-56	23c. NAME OF CEMETERY OR CREMATORY: Local Cem.	23d. LOCATION (City, town, or county) (State): Warrenton, Mo.
24. FUNERAL DIRECTOR: Albert H. Hoppe	ADDRESS: 4700 Washington	25. DATE RECD. BY LOCAL REG.: AUG 4 1956	26. REGISTRAR'S SIGNATURE: J. Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John Denneher

Licensed Embalmer No. 4

P. O. Address St. Lo

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.