

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29098

FILED SEP 6 1956

Registration District No.

318

Primary Registration District No.

1003

STATE FILE NUMBER

7138

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, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			c. CITY OR TOWN St. Louis			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1			Length of stay in lb			d. STREET ADDRESS 26 1917 Destrehan Street			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last ARTHUR ADAM SCHLOER						4. DATE OF DEATH Month Day Year JULY 31, 1956					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 17, 1881.		9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hand Riveter			10b. KIND OF BUSINESS OR INDUSTRY Nesco Company.			11. BIRTHPLACE (City and state or country) St. Louis, Missouri.			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Adam Schloer.						14. MOTHER'S MAIDEN NAME Ma rie Eva					
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. 333-03-3179			17. INFORMANT Address Elizabeth Schloer. 1917 Destrehan Street					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) 420.0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)									INTERVAL BETWEEN ONSET AND DEATH		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)								
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			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 7/31/56 to 7/31/56 and last saw her/him alive on 7/31/56 Death occurred at 11:37 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) Charles Hogenkamp, M.D.						22b. ADDRESS 1515 LAFAYETTE AVE.			22c. DATE SIGNED 8/1/56.		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal			23b. DATE Aug. 4, 1956.		23c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery			23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri.			
24. FUNERAL DIRECTOR Address Reiderwieden F.H. Inc. 1936 St. Louis Ave.				25. DATE RECD. BY LOCAL REG. AUG 2 1956		26. REGISTRAR'S SIGNATURE Paul Smith MO					

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All symptoms will be listed. All

"USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE"

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 *Delix J. Krupin*

Licensed Embalmer No. 3

P. O. Address *St. Louis*

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.