. No. 300
. 10-48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

29105

State File No.

FILED AUG 24 1956

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6717

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
c. LENGTH OF STAY (In this place) 28 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis State Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN St. Louis 21 9/8
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location) 5300 Arsenal St. St. Louis State Hospital 13

**3. NAME OF DECEASED** (Type or Print)
a. (First) MABEL
b. (Middle)
c. (Last) SCHRICKEL

**4. DATE OF DEATH** (Month) (Day) (Year) 7-16-56

**5. SEX** female
**6. COLOR OR RACE** white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) married
**8. DATE OF BIRTH** 2-27-1879
**9. AGE** (In years last birthday) 77 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) music teacher, ret.
**10b. KIND OF BUSINESS OR INDUSTRY** Music
**11. BIRTHPLACE** (City and State or Foreign Country) Indiana
**12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME** Benjamin Tomlin
**13b. MOTHER'S MAIDEN NAME** unknown
**14. NAME OF HUSBAND OR WIFE** Carl Schrickel

**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.** none
**17. INFORMANT'S SIGNATURE OR NAME** Carl Schrickel, 2937 Endicott ave. **ADDRESS**

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Pulmonary Congestion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Cardiac Hypertrophy;

DUE TO (c) Carcinoma of Bladder,

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death* Fracture of the Left Femur; suffered when deceased fell at Chronic Hospital on or about July 16th 1956.

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☑ NO ☐

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify) Accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) Hosp.
**21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** St Louis Mo
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) July 16 56 ? m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?** E904.7H

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 1000 P. m., *from the causes and on the date stated above.*

**23a. SIGNATURE** Robert E Taylor (Degree or title) Coroner
**23b. ADDRESS** 1300 Clark
**23c. DATE SIGNED** 7/17/56

**24a. BURIAL, CREMATION, REMOVAL** (Specify) cremation
**24b. DATE** 7-18-56
**24c. NAME OF CEMETERY OR CREMATORY** Missouri Crematory
**24d. LOCATION** (City, town, or county) St. Louis, Missouri (State)

**DATE REC'D BY LOCAL REG.** JUL 18 1956
**REGISTRAR'S SIGNATURE** Karl Smith MD
MJB
**25. FUNERAL DIRECTOR'S SIGNATURE** Howard Michel, 5930 Southwest ave. **ADDRESS**
(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 embalm

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed V E Morris

Licensed Embalmer No. 336

P. O. Address St Louis

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