

FILED SEP 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32704

STATE FILE NUMBER 2202

Registration District No. 317 Primary Registration District No. 590 Registrar's No. [redacted]

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	ST. Louis	a. STATE	Missouri
b. CITY (If outside corporate limits, give TOWNSHIP only)	PINE LAWN	b. COUNTY	St. Louis
OR TOWN	PINE LAWN	c. CITY OR TOWN	PINE LAWN 4161
c. FULL NAME OF (If NOT in hospital, give location)	3417 PINE GROVE	d. STREET ADDRESS	3417 PINE GROVE
HOSPITAL OR INSTITUTION	8 yrs.	(If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First	Middle	Last	Month	Day
ELIZA			9	15
Schild			56	
5. SEX	6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	
FEMALE	White	WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	9-17-1873	
9. AGE (In years last birthday)		10. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)
82		Housewife		ST. Louis
12. CITIZEN OF WHAT COUNTRY?		U. S. A		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY?	
at home		Housewife		ST. Louis		U. S. A	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
WM Churchhill				SARAH DELAHAY			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT		Address	
No		NONE		ESTHER SCHILD		3417 PINE GROVE	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)			3 yrs		
Anterior sclerotic Head disease			4 yrs		
DUE TO (b)			2 yrs		
Anterior Sclerosis					
DUE TO (c)			4200		
Cerebral thromboses					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	

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		to		and last saw her alive on	
July 54		Sept 15 56		Sept 10 56	
Death occurred at		9 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE		22b. ADDRESS		22c. DATE SIGNED	
E. J. [Signature]		6000 W. Flourmont		9-17-56	

23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Burial		9-18-56		NEW BETH-HEM		St. Louis County Mo	
24. FUNERAL DIRECTOR ADDRESS				25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE	
A. Kron 2416 2707 N. Grand				9-17-56		Herbert R. Dombey	

(Licensed Emballer's Statement on Reverse Side)

300 / 1-56
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 *Gustav W. Dutcher*
.....

Licensed Embalmer No. *43*

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.