

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36504**

FILED OCT 24 1956

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>2454</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>CLAYTON</u>		c. LENGTH OF STAY (In this place) <u>2 DAYS</u>		c. CITY OR TOWN <u>LEMAY</u>		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 <u>St. Louis Co. Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>4855 LEMAY FERRY RD</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u> b. (Middle) <u>PHILLIP</u> c. (Last) <u>SCHAAD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 16 1956</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEB-25-1893</u>	
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>22</u>		IF UNDER 2 HRS. Hours <u>7</u> Mins. <u>22</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED - Restaurant Owner</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>ST LOUIS MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN SCHAAD</u>		13b. MOTHER'S MAIDEN NAME <u>CATHERINE LAUTH</u>		14. NAME OF HUSBAND OR WIFE <u>ADELE SCHAAD</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>493-38-0944A</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS ADELE SCHAAD 4855 Lemay Ferry Rd</u>			
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) <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>LEMAY MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>10-15</u> , 19 <u>56</u> , to <u>10-16</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>10-16</u> , 19 <u>56</u> , and that death occurred at <u>6:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Joseph F. Ernst MD</u>				23b. ADDRESS <u>601 S. BRENTWOOD</u>		23c. DATE SIGNED <u>10/17/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT-19-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LAKEWOOD BURIAL PARK</u>		24d. LOCATION (City, town, or county) (State) <u>HEFFTON, MO.</u>	
DATE REC'D BY LOCAL REG. <u>10-18-56</u>		REGISTRAR'S SIGNATURE <u>Herbert K. Donike MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>FEY FUNERAL HOME NENAHVILLE MO</u>			

(Licensed Embalmers Agreement 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..... *Gustav W. Ruetzel*

Licensed Embalmer No... *4329*

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.