No. 300
10.48

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

FILED NOV 7 - 1956

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

State File No. 36584

BIRTH NO. 84459-56 REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 547 Registrar's No. 2494

**1. PLACE OF DEATH**
a. COUNTY St. Louis
b. CITY OR TOWN [redacted] Richmond Hts.
c. LENGTH OF STAY (in this place) 3 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Marys Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN St. Ann 4071
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location) 10714 St. Henry Lane

**3. NAME OF DECEASED** (Type or Print)
a. (First) Infant
b. (Middle) Jr. Boy
c. (Last) Schoue

**4. DATE OF DEATH** (Month) Oct (Day) 22 (Year) 1956

**5. SEX** Male
**6. COLOR OR RACE** White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Single
**8. DATE OF BIRTH** Oct. 22 1956
**9. AGE** (In years last birthday) — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours 3 Min. 18

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) None
**10b. KIND OF BUSINESS OR INDUSTRY** None
**11. BIRTHPLACE** (City and State or Foreign Country) St. Louis Conuty, Mo.
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** Clyde Schoue
**13b. MOTHER'S MAIDEN NAME** Mildred Kendall
**14. NAME OF HUSBAND OR WIFE** None

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) No (If yes, give war or dates of service) No
**16. SOCIAL SECURITY NO.** None
**17. INFORMANT'S SIGNATURE OR NAME** Clyde Schoue **ADDRESS** 10714 St. Henry Lane

**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) NEONATAL ATELECTASIS — INTERVAL BETWEEN ONSET AND DEATH 3H. 13M. 2

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.*

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION** 7620
**20. AUTOPSY?** YES ☒ NO ☐

**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)

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* OCT. 22, *1956, to* OCT. 22, *1956, that I last saw the deceased alive on* OCT. 22, *1956, and that death occurred at* 6:20 A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** George J. Niedringhaus (Degree or title) MD
**23b. ADDRESS** 3923 WATSON ROAD
**23c. DATE SIGNED** OCT. 22, 1956

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial
**24b. DATE** Oct 23, 1956
**24c. NAME OF CEMETERY OR CREMATORY** Mt. Leabanon Cemetery
**24d. LOCATION** (City, town, or county) St. Louis County, Mo. (State)

**DATE REC'D BY LOCAL REG.** 10-22-56
**REGISTRAR'S SIGNATURE** Herbert R. Demme MD
**25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS** Colliers Mortuary 10123 St. Chas Rd.

(Licensed Embalmer) (See 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 emba

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. No Embalming.....

Licensed Embalmer No.....

P. O. Address.....

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