

FILED DEC 20 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44221

STATE FILE NUMBER

 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2816

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>St. Louis</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis County Hospital D.O.A.</u>		Length of stay in 1b <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input type="checkbox"/>		c. CITY OR TOWN <u>Florissant 4000</u>		Inside Limits <u>Yes</u> <input type="checkbox"/> <u>No</u> <input type="checkbox"/>	
d. STREET ADDRESS <u>Box 129, Route 3</u>				Reside on Farm <u>Yes</u> <input type="checkbox"/> <u>No</u> <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>John</u>		Middle		Last <u>Schladerbach</u>		Month <u>November</u> Day <u>27</u> Year <u>1956</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>October 25, 1897</u>	
9. AGE (In years last birthday) <u>59</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Gardener</u>		100. KIND OF BUSINESS OR INDUSTRY <u>Gardener</u>		11. BIRTHPLACE (City and state or country) <u>Black Jack, Missouri.</u>	
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? <u>U.S.A.</u>	
13. FATHER'S NAME <u>George Schladerbach</u>				14. MOTHER'S MAIDEN NAME <u>Anna Klistermann</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT <u>Mrs. Louise Schladerbach</u> Address <u>Route 3, Box 129 Florissant, Missouri.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Trauma and compression asphyxiation</u>						INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>due to being crushed by overturned tractor</u>				9/21	
DUE TO (c) <u>tractor</u>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>3</u>				19. WAS AUTOPSY PERFORMED? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" 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.) <u>Tractor he was operating slid into a ditch and overturned, pinning him underneath.</u>					
20c. TIME OF INJURY <u>4:48</u> Hour <u>XX</u> Month, Day, Year <u>11/27/56</u> p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>farm</u>		20f. CITY, TOWN, OR LOCATION <u>Florissant 40</u>		COUNTY <u>St. Louis</u> STATE <u>Mo.</u>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>4:25 Pm on the date stated above; and to the best of my knowledge, from the causes stated.</u>							
22a. SIGNATURE <u>Ronald J. Willmann, Coroner</u> (Degree of title) <u>3</u>				22b. ADDRESS <u>Clayton, Mo.</u>		22c. DATE SIGNED <u>11/30/56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-1-56</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Salem Lutheran Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Black Jack, Missouri.</u>	
24. FUNERAL DIRECTOR <u>Math Hermann &amp; Son, Inc. 2161 E. Fair</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>11-29-56</u>		26. REGISTRAR'S SIGNATURE <u>Herbert A. Donk</u>			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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1-56

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was examined by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Clement M. Ne...*

Licensed Embalmer No. 373

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.