Health, & Welfare Public Service

S. 300 1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34089

STATE FILE NUMBER 8811

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Saint Louis — Inside Limits: Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 01 3808 Ashland Avenue — Length of stay in lb: Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: /
c. CITY OR TOWN: Saint Louis — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 10 3808 Ashland Avenue — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First HARRY — Middle A. — Last SCHEIDLER

4. DATE OF DEATH: Month September Day 18th Year 1957

5. SEX: Male — 6. COLOR OR RACE: White — 7. MARRIED ☐ NEVER MARRIED X WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: July 16th, 1887 — 9. AGE (In years last birthday): 70 — 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): Retired Pressfeeder — 10b. KIND OF BUSINESS OR INDUSTRY: R. D. Elliott Co.

11. BIRTHPLACE (City and state or country): Milwaukee, Wisconsin — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Gustav Scheidler — 14. MOTHER'S MAIDEN NAME: Emilie Karge

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War # 1 — 16. SOCIAL SECURITY NO.: 490-01-6643A — 17. INFORMANT: Mr. F. W. Vahrenhorst, Address: 8761 Oriole Avenue, (15)

MEDICAL CERTIFICATION

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): Coronary thrombosis
Arteriosclerotic heart disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart disease
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 420.0

19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 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 Mar 25 1954, to Sept 18-57 and last saw ~~her~~ him alive on 9-18-57
Death occurred at 7:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Clarence Kilker (Degree or title) M.D. — Clarence H Kilker — 22b. ADDRESS: 3121 N Grand — 22c. DATE SIGNED: 9-19-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE: 9/21/57 — 23c. NAME OF CEMETERY OR CREMATORY: Bellefontaine Cemetery — 23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR — ADDRESS: CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., FUNERAL HOME, St. Louis, 15, Missouri. — 25. DATE RECD. BY LOCAL REG.: SEP 1957 — 26. REGISTRAR'S SIGNATURE: J Earl Smith MD MJB

(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 em

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ralph C. Linders

Licensed Embalmer No. 42

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.