

FILED OCT 28 1957

STANDARD CERTIFICATE OF DEATH

State File No. **37041**

BIRTH NO. _____		REG. DIST. NO. <u>710</u>		PRIMARY REG. DIST. NO. <u>3058</u>		Registrar's No. <u>245</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>			
b. CITY OR TOWN <u>St. Charles</u>		c. LENGTH OF STAY (in this place) <u>2yrs.</u>		c. CITY OR TOWN <u>St. Charles</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>#7 Prairie Haute</u>				e. STREET ADDRESS (If rural, give location) <u>#7 Prairie Haute</u>			
3. NAME OF DECEASED a. (First) <u>Omar</u>			b. (Middle) <u>C.</u>		c. (Last) <u>Schierding</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 19, 1957</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>June 29, 1884</u>		9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 12 HRS. Hours <u>20</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Charles County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Schierding</u>			13b. MOTHER'S MAIDEN NAME <u>Wilhemena Bruns</u>		14. NAME OF HUSBAND OR WIFE <u>Elise Schierding</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>487-38-3326</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Elise Schierding</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) <u>4200</u>				INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u> <u>3 yrs.</u> <u>years</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>cholecystitis, chronic</u> Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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)		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>Nov. 5, 1956</u> , to <u>Oct. 19, 1957</u> , that I last saw the deceased alive on <u>Oct. 13, 1957</u> , and that death occurred at <u>3:55 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Otho M. Simmons, M.D.</u>				23b. ADDRESS <u>207 N. 5th, St. Charles, Mo.</u>		23c. DATE SIGNED <u>10/21/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 22, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Charles, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Oct 22-57</u>		REGISTRAR'S SIGNATURE <u>Mrs. C. Wilson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arthur C. Bane Funeral Home St. Charles</u>			

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

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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 embalmed  
by me, or by .....; Student Embalmer No. 552  
working under my personal supervision.

Student David C. Bane  
Signature of Student Embalmer

Signed Arthur C. Bane

Licensed Embalmer No. 3155

P. O. Address St. Charles

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.