

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **46629**

FILED JAN 13 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **319** PRIMARY REG. DIST. NO. **541** Registrar's No. **3313**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clayton</b>		c. CITY OR TOWN <b>House Springs</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Louis Co. Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>RR # 2</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ronald</b> b. (Middle) <b>Lee</b> c. (Last) <b>Schaedler</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12 29 57</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>Feb 5 - 1939</b>	9. AGE (In years last birthday) <b>18</b>	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) <b>Truck Driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>TRUCKING</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Bellville Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Virgil J. Schaedler</b>	13b. MOTHER'S MAIDEN NAME <b>Irene Kley</b>	14. NAME OF HUSBAND OR WIFE <b>- NONE</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes Jan 22, 57 Apr 57</b>	16. SOCIAL SECURITY NO. <b>493-42-5384</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Virgil J. Schaedler</b>	ADDRESS <b>House Springs Mo</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Asphyxial strangulation of the respiratory airway by a rope</b>		INTERVAL BETWEEN ONSET AND DEATH
	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. <b>e974x</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <b>Suicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>wooded section</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Rural St. Louis Mo.</b>
21d. TIME (Month) (Day) (Year) (Hour) (Minute) <b>Dec. 29, 1957 4:00 p.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Self inflicted strangulation by ligature</b>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Jaymet Hand</b> (Degree or title) <b>Coroner</b>	23b. ADDRESS <b>Clayton, Mo.</b>	23c. DATE SIGNED <b>1/2/58</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>1-2-58</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Cedar Hill Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Cedar Hill Mo</b>
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DATE REC'D BY LOCAL REG. <b>12-30-57</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Donko MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Emmanuel Howard Home House Springs Mo</b>	ADDRESS <b>Mo</b>
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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 *John W. Brimmer*

Licensed Embalmer No. *1470*

P. O. Address *Howal Spring*

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.