

FILED JAN 20 1958

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Saint 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 (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Saint Charles</u>		c. CITY OR TOWN <u>Saint Charles</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>800 So. 6th</u>		d. STREET ADDRESS (If outside, give location) <u>800 So. 6th Ave.</u>	
3. NAME OF DECEASED (Type or print) First <u>Elizabeth</u> Middle <u>Schoene</u> Last <u>Schoene</u>		4. DATE OF DEATH Month <u>Jan.</u> Day <u>15</u> Year <u>1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOW <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 28, 1876</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN</u>	11. BIRTHPLACE (City and state or country) <u>Saint Charles Co., Mo. U.S.A.</u>
13a. FATHER'S NAME <u>Frank Meyer</u>		14. NAME OF HUSBAND OR WIFE <u>Edward Schoene</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>None</u>	
17. INFORMANT <u>Irvin Schoene</u>		Address <u>St. Charles, Mo.</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>acute Pulmonary edema</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>			<u>5 years</u>
DUE TO (c) <u>Arteriosclerosis Heart Disease</u>			<u>10 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4200</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour <u>6:15</u> Month <u>Nov</u> Day <u>1956</u> Year <u>1956</u>			
20d. INJURY OCCURRED WHILE AT WORK <input 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.)	
20f. CITY, TOWN, OR LOCATION <u>St. Charles, Mo</u>		20g. COUNTY <u>Mo</u>	
20h. STATE <u>Mo</u>		20i. CITY, TOWN, OR LOCATION <u>St. Charles, Mo</u>	
21. I attended the deceased from Death occurred at <u>6:15 AM</u>		and last saw her alive on <u>Jan 13, 1958</u>	
22a. SIGNATURE <u>W. C. Dallmeyer</u>		22b. ADDRESS <u>St. Charles, Mo</u>	
22c. DATE SIGNED <u>Jan 15, 1958</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Jan. 18, 1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Borromeo Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Saint Charles, Mo</u>	
24. FUNERAL DIRECTOR <u>W. C. Dallmeyer</u>		25. DATE RECD. BY LOCAL REG. <u>Jan. 15-58</u>	
ADDRESS <u>St. Charles, Mo</u>		26. REGISTRAR'S SIGNATURE <u>Mirella Wilson</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

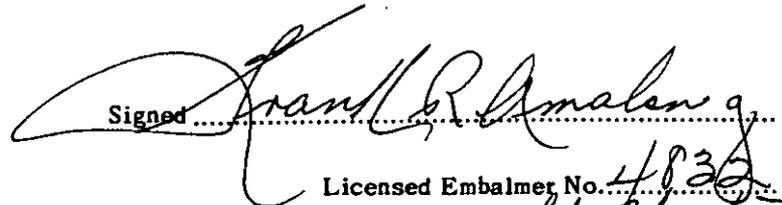
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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  .....,  
Licensed Embalmer No. 4830 .....,  
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.