FILED MAR 27 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-012271
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2803

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): ST.LOUIS CITY HOSP. #1 — Length of stay in Ib: 25

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St.Louis
c. CITY OR TOWN: Clayton 4412 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 27 19 Brighton Way — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First EDWIN Middle W. Last SCHLOEMAN

4. DATE OF DEATH: Month MARCH Day 8 Year 1958

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐

8. DATE OF BIRTH: Jan.24.1874

9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months 1 Days 14 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Leather Products

11. BIRTHPLACE (City and state or country): Unknown 9

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: John W.Schloeman

13b. MOTHER'S MAIDEN NAME: Anna (Unknown)

14. NAME OF HUSBAND OR WIFE: Edith E.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 488-10-6457

17. INFORMANT: Thomas Rankin Address: 533 E.Argonne

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 331X
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 2

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 3/6/58, to 3/8/58 and last saw her/him alive on 3/8/58
Death occurred at 7:35 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Oselower (Degree or title) MD 0

22b. ADDRESS 1515 LAFAYETTE

22c. DATE SIGNED 3/10/58

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 3-11-58

23c. NAME OF CEMETERY OR CREMATORY: Bellefontaine Cemetery

23d. LOCATION (City, town, or county) (State): St.Louis,Mo.

24. FUNERAL DIRECTOR: C.R.Lupton & Sons ADDRESS: 7233 Delmar Blvd.

25. DATE RECD. BY LOCAL REG.: MAR 10 '58

26. REGISTRAR'S SIGNATURE: Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

APR 9 1958

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 ..... Signed Arnold W. Schoene
Signature of Student Embalmer

Licensed Embalmer No. 3264

P. O. Address St. Louis Mo

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.