

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038187
STATE FILE NUMBER

1003

10407

FILED NOV 10 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10407

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		c. CITY OR TOWN St. Louis	
FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP.		d. STREET ADDRESS (If outside, give location) 7821 Michigan	
3. NAME OF DECEASED (Type or print) First Middle Last ADAM SCHAAB		4. DATE OF DEATH Month Day Year OCT. 28, 1958	
5. SEX Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 28-1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brick Kilnman		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Belleville, Ill. / U.S.A.
13a. FATHER'S NAME Adam Schaab		13b. MOTHER'S MAIDEN NAME Elizabeth Reichert	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 490012832	
17. INFORMANT Rose Grossgloss 7423 Murdock		14. NAME OF HUSBAND OR WIFE Agnes (Deceased)	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute myocardial infarction</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Thrombosis of coronary artery</i> DUE TO (c) <i>Coronary atherosclerosis</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a))			INTERVAL BETWEEN ONSET AND DEATH <i>unk.</i> <i>unk.</i> <i>unk.</i>
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.) 4201	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION COUNTY STATE		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>10/26/58</u> to <u>10/28/58</u> and last saw her/him alive on <u>10/28/58</u> Death occurred at <u>10:55 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Jean A. Chapman, M.D.</i>		22b. ADDRESS 1515 LAFAYETTE AVE	
22c. DATE SIGNED 10/29/58		22d. LOCATION (City, town, or county) (State) Lemay (25) Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Oct. 31-1958	
23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery		23d. LOCATION (City, town, or county) (State) Lemay (25) Mo.	
24. FUNERAL DIRECTOR Fendler Und. Co. 7420 Michigan		25. DATE RECD. BY LOCAL REG. OCT 30 '58	
26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i> S.P.			

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *W G Peterson*

Licensed Embalmer No. *3767*
P. O. Address *7420 Michigan*

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.