

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-042198

STATE FILE NUMBER

11029

FILED DEC 1 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>H. Phillips Hosp.</b>			Length of stay in lb <b>15 hrs.</b>	d. STREET ADDRESS <b>5334 Greer Ave.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>ELEANOR</b> Middle <b>L.</b> Last <b>SCHAUM</b>				4. DATE OF DEATH Month <b>Nov.</b> Day <b>14,</b> Year <b>1958</b>				
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Mar. 4, 1900</b>		9. AGE (In years last birthday) <b>58</b>	FUNDER 1 YEAR Months <b>8</b> Day <b>10</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>secretary</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Lund Realty Co.</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>August Schaum</b>			13b. MOTHER'S MAIDEN NAME <b>Anna Peters</b>			14. NAME OF HUSBAND OR WIFE <b>never married</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>494-03-4194</b>		17. INFORMANT Address <b>Charles S. Schaum 8818 Partridge</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Internal Hemorrhage</b>						INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Fracture of the right Tibia</b>								
DUE TO (c) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>suffered when struck by car</b>						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I for PART II of item 18.) <b>operated by car, struck through in front of about 3357 Union Blvd about 50 p.m., November 14th 1958</b>							
20c. TIME OF INJURY <b>507 p.m. 11 14 58 1958</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, city street, office bldg., etc.) <b>6 Street</b>		20e. CITY, TOWN, OR LOCATION <b>St Louis Mo</b>		20f. COUNTY STATE		
21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at <b>1115 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>3</b>				22b. ADDRESS <b>1300 Elm</b>		22c. DATE SIGNED <b>11/17/58</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>Nov. 18 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>				
24. FUNERAL DIRECTOR <b>Bromschwig and Son/ W Florissant</b>			ADDRESS <b>4746</b>	25. DATE RECD. BY LOCAL REG. <b>NOV 17 58</b>	26. REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>			

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 *Elton H. Penelias* .....

Licensed Embalmer No. *4293*  
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.