

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002584
STATE FILE NUMBER

FILED FEB 2 1959 Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 21

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-57

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|--|-----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY St. Charles | | 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before a. STATE Missouri b. COUNTY St. Charles | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Charles |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp. | | Length of stay in 1b 3 days | d. STREET ADDRESS (If outside, give location) R. R. #3 |
| 3. NAME OF DECEASED (Type or print) First Middle Last Emil W. Schiermeier | | | 4. DATE OF DEATH Month Day Year Jan. 21, 1959 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Nov. 28, 1903 |
| 9. AGE (In years) 55 | | IF UNDER 1 YEAR Months 1 Day 23 | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (City and state or country) St. Charles County, Mo. USA |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Herman Schiermeier | 13b. MOTHER'S MAIDEN NAME Emma Schmidt |
| 14. NAME OF HUSBAND OR WIFE Anna Welge Schiermeier | | 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. 493-42-7125 |
| 17. INFORMANT Mrs. Anna Schiermeier, St. Charles, Mo. | | Address | |
| 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>Heart Block</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cardio-vascular arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4221 | | | INTERVAL BETWEEN ONSET AND DEATH 2 months |
| 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 Month, Day, Year a.m. p.m. | |
| 20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE |
| 21. I attended the deceased from <u>1945</u> to <u>Jan 21-59</u> (and last saw her alive on <u>Jan 20-1959</u> Death occurred at <u>312 Ave.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Vincent A Schiermeier MD</u> | | 22b. ADDRESS <u>St Charles, Mo</u> | 22c. DATE SIGNED <u>1-23-59</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Jan. 24, 1959</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>St. Paul's Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>New Mole, Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Arthur C. Bauc, St. Charles, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>Jan 23-59</u> | 26. REGISTRAR'S SIGNATURE <u>Marella Wilson</u> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

vector, carrier, etc. must use only standard nomenclature in Part 18. No symptoms were related. All diseases in Part I must be causally related.

AUG 13 1959

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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 *David C. Bane*

Licensed Embalmer No. *5060*

P. O. Address *St. Charles, 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.