

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015699

STATE FILE NUMBER

FILED APR 24 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 3314**

300

1-57

394

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ALL DISEASES IN PART I MUST BE CAUSALLY RELATED.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>6541 SCANLAN</u>		d. STREET ADDRESS (If outside, give location) <u>6541 SCANLAN</u>	
Length of stay in <u>1</u> day		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>FANNIE</u> Middle <u>V</u> Last <u>SCHULENBURG</u>			4. DATE OF DEATH Month <u>MARCH</u> Day <u>31</u> Year <u>1959</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>AUG 1, 1894</u>
9. AGE (In years (last birthday)) <u>64</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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	11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>PHILIP WOLF</u>	
13b. MOTHER'S MAIDEN NAME <u>IDA KURING</u>		14. NAME OF HUSBAND OR WIFE <u>ARTHUR O.</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 Address <u>ARTHUR SCHULENBURG 6541 SCANLAN</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>Arteriosclerotic Heart Disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Hypertension</u>			10 years
DUE TO (c) <u>Cardiovascular Disease</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Carcinoma left Breast</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 _____ 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	
21. I attended the deceased from <u>Jan 1957</u> to <u>3/30/59</u> and last saw her alive on <u>3/31/59</u> Death occurred at <u>5 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>John J. Henneley M.D.</u>	
22b. ADDRESS <u>16 Hampton Village Plaza</u>		22c. DATE SIGNED <u>4/12/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>ENTOMBMENT</u>		23b. DATE <u>4/3/1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT. HOPE MAUSOLEUM</u>
23d. LOCATION (City, town, or county) <u>St. Louis Co., Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>J L ZIEGENHEIN & SONS</u>		25. DATE RECD. BY LOCAL REG. <u>APR 3 '59</u>	26. REGISTRAR'S SIGNATURE <u>Paul Smith M.D.</u>
ADDRESS <u>7027 GRAVOIS</u>		(Licensed Embalmer's Statement on Reverse Side)	

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 *Donald E. Berg*

Licensed Embalmer No. *4863*

P. O. Address *7127 Grove*

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.