

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019594

State File No. **2 4393**

FILED MAY 20 1959

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>ST. CLAIR</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>		c. LENGTH OF STAY (in this place) <u>3 Day</u>		c. CITY OR TOWN <u>MOSCOUTAH</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DEACONESS HOSP</u>				e. STREET ADDRESS (If rural, give location) <u>3 N. LEBANON</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUIS</u>		b. (Middle) <u>T.</u>		c. (Last) <u>Scheve</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 3 1959</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>9/18/1898</u>	
9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BANKIER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MOSCOUTAH, ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>1ST NATL BK</u>		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>GUS SCHEVE</u>			13b. MOTHER'S MAIDEN NAME <u>EMMA DAUBER</u>			14. NAME OF HUSBAND OR WIFE <u>NONE</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>-</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Robert J. Dauber</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Monocytic Leukemia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 weeks</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>204.2</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ARTERIOSCLEROTIC HEART DISEASE</u>				<u>1 year</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan. 10, 1955</u> , to <u>May 3, 1959</u> , that I last saw the deceased alive on <u>May 3, 1959</u> , and that death occurred at <u>10:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. J. Rath M.D.</u> (Degree or title)				23b. ADDRESS <u>637 N. Grand Blvd. St. Louis</u>		23c. DATE SIGNED <u>5/3/59</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>MAY 6 59</u>		24c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA CREMATORY</u>		24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO.</u>	
DATE REC'D BY LOCAL REG. <u>MAY 5 59</u>		REGISTRAR'S SIGNATURE <u>Roan Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Geo. Kenneth Belleville, St. Louis</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

71
120
8

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 not embalmed....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Geo. Penner.....
Licensed Embalmer No. 231
P. O. Address Belleville.....

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.