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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED VS AUG 17 1959

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-027172

STATE FILE NUMBER

2 7026

Registration District No. Primary Registration District No. Registrar's No.

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>                |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits<br>OR TOWN <b>St. Louis</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | c. CITY OR TOWN <b>University City</b> 4376 Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                            |   |
| c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b<br>HOSPITAL OR INSTITUTION <b>St. Lukes Hospital</b> 0  |  | d. STREET ADDRESS (If outside, give location) Reside on Farm<br><b>7750 Stanford</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>    |   |
| 3. NAME OF DECEASED (Type or print)<br>First <b>CHARLES</b> Middle <b>F</b> Last <b>SCHOKMILLER</b>  |  |   | 4. DATE OF DEATH<br>Month <b>July</b> Day <b>28</b> Year <b>1959</b>                              |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b>   | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>12-4-9900</b>  |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Manager Grove Laboratory</b>  |  | 9b. KIND OF BUSINESS OR INDUSTRY  | 9c. AGE (In years last birthday)<br><b>58</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Manager Grove Laboratory</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY   | 10c. AGE (In years last birthday)<br><b>58</b>  |
| 11. BIRTHPLACE (City and state or country)<br><b>St. Louis Missouri</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |   |
| 13. FATHER'S NAME<br><b>Charles Henry Schokmiller</b>  |  | 14. MOTHER'S MAIDEN NAME<br><b>Cecilia Eublaer</b>  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>yes unk.</b>   |  | 16. SOCIAL SECURITY NO.<br><b>yes</b>   |   |
| 17. INFORMANT<br><b>Mrs. Charles F. Schokmiller</b>  |  | Address<br><b>7750 Stanford</b>   |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Ventricular fibrillation</b>   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>minutes</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Myocardial infarction</b>  |  |   | <b>3 hrs</b>  |
| DUE TO (c) <b>Arteriosclerotic heart disease</b>   |  |   | <b>unknown</b>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)<br><b>420.0</b>  |  |   | 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <b>7:05</b> Month, Day, Year<br>P. M.  |  |   |   |
| 20d. INJURY OCCURRED WHILE AT WORK <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. Attended the deceased from <b>7-28-59</b> to <b>same date</b> and last saw her alive on <b>never</b><br>Death occurred at <b>6:05 P. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated. |  | 22a. SIGNATURE (Type or print)<br><b>Charles F. Schokmiller MD</b>  |   |
| 22b. ADDRESS<br><b>206 N. Clay, Kirkwood 22</b>  |  | 22c. DATE SIGNED<br><b>7-28-59</b>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  | 23b. DATE<br><b>July 31, 1959</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Oak Grove Cemetery</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis County Missouri.</b>                |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>C.R. Lupton and Sons 7233 Delmar Blv'd.</b>   |  | 25. DATE RECD. BY LOCAL REG.<br><b>JUL 29 1959</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Earl Smith, M.D.</b><br>mjs                                       |

*Wm. Schaeffer*

**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 *Arnold W. Schoen*

Licensed Embalmer No. *386*

P. O. Address *St. Louis*

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.