

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027586

FILED VS AUG 7 1959

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1965 STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Heights</u>		Length of stay in 1b <u>1 hr</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>4146 Alma Avenue</u>	
3. NAME OF DECEASED (Type or print) First <u>GEORGE</u> Middle <u>H.</u> Last <u>SCHRUM</u>		4. DATE OF DEATH Month <u>July</u> Day <u>19</u> Year <u>1959</u>	
5. SEX <u>male</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>4/2/1886</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired molder</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Steel Mill</u>	11. BIRTHPLACE (City and state or country) <u>Fockbek, Germany</u>
13a. FATHER'S NAME <u>Johan Schrum</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Laude</u>	14. NAME OF HUSBAND OR WIFE <u>Ida C. Hagelstein</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>494-09-7720</u>	17. INFORMANT Address <u>Mrs. Ida C. Schrum, 4146 Alma Avenue</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>Coronary Thromboses</u> DUE TO (b) <u>Arterio Sclerosis 'Sen'</u> DUE TO (c) <u>420.1</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>4 yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? <u>YES</u> <input type="checkbox"/> <u>NO</u> <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 <u>8:00 PM</u> Month, Day, Year			
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. I attended the deceased from <u>19 54 Aug 7</u> to <u>7-19-59</u> and last saw her/him alive on <u>7-19-59</u> Death occurred at <u>8:00 PM</u> on the date stated above, and to the best of my knowledge from the causes stated.			
22a. SIGNATURE <u>Red Kelly</u> (Degree or title)		22b. ADDRESS <u>730-Hodeman</u>	22c. DATE SIGNED <u>7-20-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>July 22, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Memorial Gardens</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>BEIDERWIEDEN FUNERAL, H. INC. 1936 St. Louis</u>		25. DATE RECD. BY LOCAL REG. <u>7-22-59</u>	26. REGISTRAR'S SIGNATURE <u>John C. Murphy</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6-8 Long "Med. Fin. & Int.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____


Licensed Embalmer No. 1152

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.