

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031309

FILED VS AUG 24 1959

STATE FILE NUMBER

Registration District No. 363 Primary Registration District No. 6236 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Warren			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Warren		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Charrette Twp.		Length of stay in 1b 88 years	c. CITY OR TOWN Charrette Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 miles West Marthasville Mo			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2 Miles West Marthasville	
3. NAME OF DECEASED (Type or print) Emma B. Schoppenhorst			4. DATE OF DEATH Month August Day 14 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/18/1872	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Marthasville, Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Frederick Ahmann		13b. MOTHER'S MAIDEN NAME Caroline Schuester		14. NAME OF HUSBAND OR WIFE J. W. Schoppenhorst	
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. 494-42-6234	17. INFORMANT Address Mrs. Floyd Hulsey, Marthasville, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio-vascular Renal Disease					INTERVAL BETWEEN ONSET AND DEATH 1958
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) general arteriosclerosis					1930
DUE TO (c)					
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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.	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 Apr 19 30 to Aug 14, 1958 and last saw her ^{her} alive on Aug 13 1959 Death occurred at home at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) W.A. Schmidt M.D.			22b. ADDRESS Marthasville, Mo.		22c. DATE SIGNED 8-16-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/17/1959	23c. NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery	23d. LOCATION (City, town, or county) (State) Marthasville, Mo.		
24. FUNERAL DIRECTOR ADDRESS W.F. Lichtenberg Marthasville, Mo.		25. DATE RECD. BY LOCAL REG. 8/17/59	26. REGISTRAR'S SIGNATURE W.C. Johnson		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Richard F. Lubert

Licensed Embalmer No. 4318

P. O. Address Mathews

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.