URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS NOV 3 0 1959

59-042463

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 210730

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b: Life

c. CITY OR TOWN St. Louis — Inside Limits: Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 3808a Ashland Ave., 7, — Inside Limits: Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location): 3808a Ashland Avenue, 7, — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ALBERT Middle G. Last SCHEIDLER

4. DATE OF DEATH: Month Nov. Day 19th Year 1959

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 4-16-93

9. AGE (last birthday): 66 — IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Meatcutter

10b. KIND OF BUSINESS OR INDUSTRY: Veterans Hospital

11. BIRTHPLACE (City and state or country): St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Gustav Scheidler

13b. MOTHER'S MAIDEN NAME: Emilie Karge

14. NAME OF HUSBAND OR WIFE: Mae Scheidler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War # 1

16. SOCIAL SECURITY NO.: 500-32-2369

17. INFORMANT: Mrs. Mae Scheidler, Address: 3808a Ashland Ave., 7

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Respiratory insufficiency — INTERVAL BETWEEN ONSET AND DEATH: years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Pulmonary emphysema, bullous

DUE TO (c) 527.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Part of left pneumonectomy for carcinoma

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 Oct. to Nov 19, 1959 and last saw her/him alive on Nov 17, 1959

Death occurred at 1:00A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: James C. Vest (Degree or title) MD

22b. ADDRESS: 634 N. Grand

22c. DATE SIGNED: 11/20/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 11-21-59

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR: CALVIN F. FEUTZ, FUNERAL HOME, ADDRESS: 4828 Natural Bridge Blvd., St. Louis, 15, Missouri.

25. DATE RECD. BY LOCAL REG.: NOV 20 1959

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

IENDED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John A. Mlenar

Licensed Embalmer No. 4186

P. O. Address St Louis

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