MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 3 1960

60-009338
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 644

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Ann — Length of stay in 1b: 5 mos.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3146 O'Hare Ave. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Brentwood — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 8607 Florence Ave. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First EDWARD Middle W. Last SCHMALLE
4. DATE OF DEATH Month February Day 25 Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 8-17-1880
9. AGE (last birthday) 79 — 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) Ret. Brewery Worker
10b. KIND OF BUSINESS OR INDUSTRY Brewery
11. BIRTHPLACE (City and state or country) Ste. Genevieve, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John Schmalle
13b. MOTHER'S MAIDEN NAME Julia Will
14. NAME OF HUSBAND OR WIFE —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Marie Peniston, Address above

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) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Cerebral vascular accident – 6 mos. ago
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 2-22-60 to 2-25-60 and last saw ~~her~~ him alive on 2/23/60
Death occurred at 9:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Demar Rudman (Degree or title) M.D.
22b. ADDRESS 2428 Woodson Rd. Overland, Mo.
22c. DATE SIGNED 2-26-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 2-27-60
23c. NAME OF CEMETERY OR CREMATORY Ste. Genevieve
23d. LOCATION (City, town, or county) (State) Ste. Genevieve, Mo.
24. FUNERAL DIRECTOR ADDRESS JAY B. SMITH, Maplewood, Mo.
25. DATE RECD. BY LOCAL REG. 2-26-60
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed W. Burgess

Signature of Student Embalmer

Licensed Embalmer No. 402

P. O. Address Maple

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