URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-009410

FILED MAR 3 1960

Registration District No. 317 Primary Registration District No. 580 Registrar's No. 510

STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY St. Louis,
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Manchester, Mo. — Length of stay in 1b: 22 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Manchester Nursing Home — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St Louis
c. CITY OR TOWN Olivette, — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 595 Dielman Rd. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MATILDA Middle M. Last SCHOKNECHT
4. DATE OF DEATH: Month Feb. Day 13 Year 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 5-5-1877
9. AGE (last birthday): 82 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Minneapolis, Minn.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John H. Herzer
13b. MOTHER'S MAIDEN NAME: Emma Griese
14. NAME OF HUSBAND OR WIFE: Late Robert Schoknecht Sr.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: R.J. Schoknecht, Jr. — Address: 595 Dielman Rd.

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) Cerebral Vascular Accident - Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension — Don't Know
DUE TO (c) Arteriosclerosis — Don't Know
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. ☐ 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 Nov. 23rd, 1959, to Feb. 13, 1960 and last saw her/him alive on Feb. 13, 1960
Death occurred at 8:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ralph W. Raffety (Degree or title) M.D.
22b. ADDRESS Box 122, Manchester, Mo.
22c. DATE SIGNED 2-15-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Mtr)
23b. DATE 2-16-60
23c. NAME OF CEMETERY OR CREMATORY Roselawn Memorial Park,
23d. LOCATION (City, town, or county) Springfield, (State) Ill.

24. FUNERAL DIRECTOR Kriegshauser — ADDRESS 9450 Olive Blvd.
25. DATE RECD. BY LOCAL REG. 2-15-60
26. REGISTRAR'S SIGNATURE John E. 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 by

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 453

P. O. Address _____

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