

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

Primary Registration District No. 1003

Registrar's No.

8520

STATE FILE NUMBER 61-034917

AMENDED

Registration District No. FILED SEP 27 1961

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

1. PLACE OF DEATH  
 a. COUNTY  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b D.O.A.  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 3430 Brown Road Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Oliver Middle Last Schueddig 4. DATE OF DEATH Month September Day 12 Year 1961

5. SEX male 6. COLOR OR RACE white 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 6-4-1896 9. AGE (last birthday) 65 IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tool Maker Self-Employed 10b. KIND OF BUSINESS OR INDUSTRY Chas. Schueddig Tool Works 11. BIRTHPLACE (City and state or country) St. Louis, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William Schueddig 13b. MOTHER'S MAIDEN NAME Jennie Costello 14. NAME OF HUSBAND OR WIFE Henrietta Schueddig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) { (If yes, give war or dates of service) } yes WW I NO. 17. INFORMANT Address Mrs. Henrietta Schueddig, 3430 Brown Rd.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Coronary Occlusion  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio Sclerosis  
 DUE TO (c) 4201  
 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 Month, Day, Year s.m. p.m.

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 \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
 Death occurred at \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Raymond J. Quinn M.D. 22b. ADDRESS 1300 Clark St. 22c. DATE SIGNED 9-13-61

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 9-15-61 23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis, Missouri

24. FUNERAL DIRECTOR ADDRESS Math Hermann & Son, Inc. 2161 E. Fair 25. DATE RECD. BY LOCAL REG. SEP 13 1961 26. REGISTRAR'S SIGNATURE Ray Smith M.D.

MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Clement McNeary

Licensed Embalmer No. 3782

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.