

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH										-61-039671		
DEPARTMENT OF PUBLIC HEALTH AND WELFARE										STATE FILE NUMBER		
Registration District No. <u>317</u> Primary Registration District No. <u>547</u> Registrar's No. <u>3144</u>												
AMENDED FILED NOV 15 1961												
DATE AMENDED	1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>						
	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Heights</u>			Length of stay in 1b <u>DOA</u>		c. CITY OR TOWN <u>Cool Valley</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
INSTEAD OF DOCUMENT	c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>141 Signal Hill Dr.</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
	3. NAME OF DECEASED (Type or print) First Middle Last <u>RAYMOND SCHLIEPER</u>					4. DATE OF DEATH Month Day Year <u>November 6 1961</u>						
BY AFFIDAVIT OF	5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>10/29/1903</u>		9. AGE (last birthday) <u>58 years</u>		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) <u>salesman</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>			
MEDICAL CERTIFICATION	13a. FATHER'S NAME <u>William Schlieper</u>				13b. MOTHER'S MAIDEN NAME <u>Louise Wildeisen</u>			14. NAME OF HUSBAND OR WIFE <u>Gertrude Schlieper</u>				
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>					17. INFORMANT Address <u>Gertrude Schlieper - 141 Signal Hill Dr.</u>						
BY AFFIDAVIT OF	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH	
	IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u>										<u>1 hour</u>	
DUE TO (b) <u>Arteriosclerotic heart disease</u>										<u>5 yrs</u>		
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 type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <u>September 26, 1960</u> <u>11/6/61</u> and last saw <u>him</u> alive on <u>10/18/61</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.												
22a. SIGNATURE (Degree or title) <u>John M. McCarthy M.D.</u>					22b. ADDRESS <u>4161 Lindell Blvd., St. Louis 8,</u>			22c. DATE SIGNED <u>11/7/61</u>				
23a. BURIAL, CREATION, REMOVAL (Specify) <u>removal</u>		23b. DATE <u>Nov 10, 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Galvary Cemetery</u>			23d. LOCATION (City, town, or county) <u>St. Louis</u>		23e. (State) <u>Missouri</u>			
24. FUNERAL DIRECTOR ADDRESS <u>BUCHHOLZ MORTUARY-5967 W. Florissant Ave.</u>					25. DATE RECD. BY LOCAL REG. <u>11-7-61</u>		26. REGISTRAR'S SIGNATURE <u>John B. Murphy M.D.</u>					

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 Wesley D. Berchko

Licensed Embalmer No. 4351

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.