

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-042856  
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10704

AMENDED

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

FILED NOV 28 1961

1. PLACE OF DEATH a. COUNTY <b>ST LOUIS CITY</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> . b. COUNTY <b>Wayne</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SAME</b>		Length of stay in 1b		c. CITY OR TOWN <b>Wappapello</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>JEWISH HOSP</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>RFD # 2</b>
3. NAME OF DECEASED (Type or print) First <b>LENA</b> Middle <b>C.</b> Last <b>SCHAEDLICH</b>			4. DATE OF DEATH Month <b>Nov</b> Day <b>15</b> Year <b>1961</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH <b>1/7/1890</b>		9. AGE (last birthday) <b>71</b>		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (City and state or country) <b>Stanton, Illinois.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Ferdinand P. Hasse</b>		13b. MOTHER'S MAIDEN NAME <b>Dora Becker</b>	
14. NAME OF HUSBAND OR WIFE <b>Earl Schaedlich, RFD, #2, Wappapello, Mo.</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO.</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Earl Schaedlich, RFD, #2, Wappapello, Mo.</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>MASSIVE PULMONARY EMBOLI</b> DUE TO (b) <b>STATUS POST-OP EXPLORATORY LAP FOR</b> DUE TO (c) <b>OVARIAN CARCINOMA 175.0</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>3 1/2 WKS</b>	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 <b>10/20/61</b> to <b>11/15/61</b> and last saw her/him alive on <b>11/14/61</b> Death occurred at <b>10:45 AM</b> <b>A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Ralph J. Greff MD</b>			22b. ADDRESS <b>Jewish Hosp of St Louis</b>		22c. DATE SIGNED <b>11/16/61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>11-18-61</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Stanton, Illinois.</b>		23e. STATE <b>Illinois</b>		24. FUNERAL DIRECTOR <b>Albert H. Hoppe Inc., 4700 Washington, Blvd.</b>	
25. DATE RECD. BY LOCAL REG. <b>NOV 17 1961</b>		26. REGISTRAR'S SIGNATURE <b>Loard Smith, M.D.</b>			

DOCUMENT

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 Elmo R. Padwell

Licensed Embalmer No. 4099

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.