SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10686 STATE FILE NUMBER 61-042859

FILED NOV 28 1961

1. PLACE OF DEATH a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS ,MO

Length of stay in 1b

c. CITY OR TOWN St. Louis

Inside Limits Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST.LOUIS CITY HOSP. #1.

Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 2116 N. 14th St.

Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First CLARA Middle Christina Last SCHILP

4. DATE OF DEATH Month NOV. Day 15, Year 1961

5. SEX F

6. COLOR OR RACE W.

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 7/3/1888

9. AGE (last birthday) 73

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) Retired

10b. KIND OF BUSINESS OR INDUSTRY Shoe Worker

11. BIRTHPLACE (City and state or country) St.Louis Mo.

12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Alexander Schilp

13b. MOTHER'S MAIDEN NAME Anna Marie Lange

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) -----

17. INFORMANT Address Mr. Harry Schilp 3923a Vest

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) Myocardial Infarction

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Coronary Occlusion 420.1

DUE TO (c) Coronary Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized Arteriosclerosis

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 9/21/61, to 11/15/61 and last saw her/him alive on 11/ 15/61

Death occurred at 8:20 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title) William H. Gearhart, M.D.

22b. ADDRESS 1515 LAFAYETTE AVE

22c. DATE SIGNED 11/15/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 11/18/61

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis Mo.

24. FUNERAL DIRECTOR ADDRESS Robert D. Kinealy 2228St.LouisAve.

25. DATE REC'D. BY LOCAL REG. NOV 17 1961

26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by n

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Herbert J. Gar Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood 22

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