

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-004477

FILED FEB 2 1962

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1192 STATE FILE NUMBER

AMENDED

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.		c. CITY OR TOWN St. Louis	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis State Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1462a Francis
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last TEINE DENA SCHEITTLER			4. DATE OF DEATH Month Day Year January 25, 1962			
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 30-6-30-1879	9. AGE (last birthday) 82 yrs.	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) Formerly: laundress		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William Meyer		13b. MOTHER'S MAIDEN NAME --		14. NAME OF HUSBAND OR WIFE Charles Schettler deceased		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. --	17. INFORMANT Address Marie M. Meyer 4432 th Pennsylvania			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pulmonary infarction, right

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

DUE TO (b) Acute pulmonary embolism, right, from tibial veins.

DUE TO (c) Volvulus, ileum, due to fibrous adhesions.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Decubitus, sacrum and heels.

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. 10, 1930 to Jan. 25, 1962 and last saw her/him alive on Jan. 25, 1962

Death occurred at 3:40 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

Thomas Thale, M.D.

22a. SIGNATURE (Degree or title) Thomas Thale M.D.

22b. ADDRESS 5400 Arsenal St.

22c. DATE SIGNED 1-26-62 (State)

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

23b. DATE 1-27-1962

23c. NAME OF CEMETERY OR CREMATORY St. Peter's Park Cem

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

24. FUNERAL DIRECTOR ADDRESS Engelberrmelle 3819 So. Grand Blvd

25. DATE RECD. BY LOCAL REG. JAN 27 1962

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

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George J. Kingbirmelle

Licensed Embalmer No. 4611

P. O. Address St. Louis 18

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.