

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-020960

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5489**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Berkeley	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Luthern Hospital		d. STREET ADDRESS (If outside, give location) 4413 Picajune Dr.	
3. NAME OF DECEASED (Type or print) First CLARA Middle ALVINA Last SCHOB		4. DATE OF DEATH Month May Day 29 Year 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 1/21/1900
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Dept.		10b. KIND OF BUSINESS OR INDUSTRY Busch Stadium	11. BIRTHPLACE (City and state or country) St. Louis, Missouri
13a. FATHER'S NAME Max Herrmann		13b. MOTHER'S MAIDEN NAME Alvina Pohlmann	14. NAME OF HUSBAND OR WIFE Otto E. Schob
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. None	17. INFORMANT Address Otto E. Schob 4413 Picajune Dr. Berkeley Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure DUE TO (b) Hypertension DUE TO (c) 443X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 3 weeks 10 yrs.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.	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 5/23/62 to 5/29/62 and last saw her alive on 5/29/62 Death occurred at 9:15 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Edward W. Gibumbi M.D.		22b. ADDRESS 3701 Grandel St	22c. DATE SIGNED 5/31/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6/1/62	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) St. Louis County Mo.
24. FUNERAL DIRECTOR White-Mullen Mort. Ferguson Mo.		25. DATE RECD. BY LOCAL REG. MAY 31 1962	26. REGISTRAR'S SIGNATURE Roan Smith M.D.

U3
Lohnmann
12-1-55

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 Reinhold K. Lohnmann

Licensed Embalmer No. 3395

P. O. Address St Louis 35 MO

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.