

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032877

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District **1003** Registrar's No. **8529** STATE FILE NUMBER

FILED SEP 10 1962

VS 300 Rev. 4/59	DATE AMENDED 9/20/62
1	
2 20	
3	
4 0	
5 1	
6	
7 1	
8 2	
9	
10	
11	
12 3-0	
13	
63	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

Funeral Director

BY AFFIDAVIT OF

Funeral Director

ITEM NO. SHOULD READ

14, 17 Vera

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Incarinate Word Hsp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6845 Plateau
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) CEDRIC F Schlemmer			4. DATE OF DEATH 9-2-1962
5. SEX Male	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 10-27-1900
9. AGE (last birthday) 61		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Wabash Indiana
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Frederick Schlemmer	
13b. MOTHER'S MAIDEN NAME Margaret Schlegelmich		14. NAME OF HUSBAND OR WIFE EvaMc Culloch Schlemmer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, No (unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Vera		Address Eva Schlemmer 6845 Plateau	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) coronary occlusion			INTERVAL BETWEEN ONSET AND DEATH instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) coronary arteries disease			
DUE TO (c) Recurrent myocardial infarction			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.1			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 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.	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 1958 to 1962 and last saw ^{her} him alive on 9-2-62 Death occurred at 1/30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John M. Varato M.D.		22b. ADDRESS 4401 Hampton	22c. DATE SIGNED 9-4-62
23a. BURIAL, CREMATION, or other disposition (Specify) Removal	23b. DATE 9-5-1962	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	23d. LOCATION (City, town, or county) St. Louis Co, Mo.
24. FUNERAL DIRECTOR WINGBERMUEHLE	ADDRESS 3819 SO Grand Blvd	25. DATE RECD. BY LOCAL REG. SEP 4 1962	26. REGISTRAR'S SIGNATURE Paul Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

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. Embert

Licensed Embalmer No. 4611

P. O. Address Alvin 18 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.