

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035251
STATE FILE NUMBER

159

4249

30

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

FILED SEP 24 1962

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
Rev. 4/59		
1 <u>0500</u>		
2 <u>4000</u>		
3		
4 <u>1</u>		
5 <u>2</u>		
6		
7 <u>0</u>		
8 <u>2</u>		
9 <u>491X</u>		
10		
12 <u>86-0</u>		
13		
	INSTEAD OF	DOCUMENT
	ITEM NO.	SHOULD READ
	BY AFFIDAVIT OF	

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY StLouis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hillsboro		Length of stay in 1b 2 1/2 Mos.	c. CITY OR TOWN Affton Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cedar Grove Nursing Home		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 9214 Coral Dr. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Bertha Middle E Last Scholz			4. DATE OF DEATH Month Sept. Day 15 Year 1962
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept 25, 1882
9. AGE (last birthday) 79		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) At home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St Louis Mo.
12. CITIZEN OF WHAT COUNTRY USA		13. NAME OF HUSBAND OR WIFE	
13a. FATHER'S NAME Charles Lohmueller		13b. MOTHER'S MAIDEN NAME Gotlobie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <input checked="" type="checkbox"/> or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none	17. INFORMANT Verna Schmidt Address 9214 Coral Dr.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brainstem Neoplasm			INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral Arteriosclerosis			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 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 July 17, 1962 to Sept. 15, 1962 and last saw her ^{her} _{him} alive on Sept. 9, 1962 . Death occurred at 7:20 ^p _m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Kathleen Sanderson M.D. (Degree or title)		22b. ADDRESS 1502 Cass Ave	22c. DATE SIGNED 9-17-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9/19/62	23c. NAME OF CEMETERY OR CREMATORY St Paul Churchyard	23d. LOCATION (City, town, or county) (State) St Louis County Mo.
24. FUNERAL DIRECTOR John L Ziegenhein & Sons ADDRESS 7027 Gravois		25. DATE RECD. BY LOCAL REG. 9/19/62	26. REGISTRAR'S SIGNATURE Clara Bickley Dy

SEP 25 1962

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 Donald Perry

Licensed Embalmer No. 4863

P. O. Address St Louis 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.