

No. 300  
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5-17-39  
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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED JUL 28 1948  
318  
Registration District No. 1

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
Primary Registration District No. 1003

State File No. 24682  
Registrar's No. 6345

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 75 years  
years, months or days

3. (a) PRINT MRS. EMILIE SCHEIDLER  
FULL NAME

3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Joseph Scheidler  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased August 31, 1857  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
90 10 15 hr. min.

9. Birthplace France  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Joseph Diemunsch  
13. Birthplace France  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace France  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frances M. Wolfe

(b) Address 5007 Benevieve Avenue

17. (a) Burial (b) Date thereof 7-19-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director: H.L. Stacks

(b) Address 2117 E. Grand Blvd.

19. (a) JUL 17 1948 (b) J. Bredel  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1430 Salisbury Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th  
year 1948 hour 7:45 minute A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_, alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis; Arteriosclerosis. Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 3

23. Signature: James E. Dwyler (M. D. or other)  
Address: \_\_\_\_\_ Date signed 7/15/48

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**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 \_\_\_\_\_  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Frank A. Moore  
Licensed Embalmer No. 3041  
P. O. Address. 2117 E. Grand

**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 this body is not embalmed, fact should be so stated above.**