

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14484

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 238

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY City	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pine Lawn		c. LENGTH OF STAY (in this place) 1 mo.	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		d. STREET ADDRESS (If rural, give location) 1455 Laurel Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Shamrock Rest Home			
3. NAME OF DECEASED (Type or Print) Mrs. Joanna Crone Schofield		4. DATE OF DEATH (Month) (Day) (Year) March 24, 1949	
a. (First)		b. (Middle)	
5. SEX F.		6. COLOR OR RACE W.	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 7, 1872	
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR: Months - Days -	
IF UNDER 24 HRS. Hours - Min. -			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (State or foreign country) England		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Crone		13b. MOTHER'S MAIDEN NAME M Annie Moore	
14. NAME OF HUSBAND OR WIFE James E. Schofield			
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'S SIGNATURE OR NAME Mrs. Anna Knepper		ADDRESS 3706 Avondale Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure 4221	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Aortic & Mitral Stenosis	
DUE TO (c) Arteriosclerotic Cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH 3 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile dementia 92A		3 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb 25, 1949 , to March 24, 1949 , that I last saw the deceased alive on March 21, 1949 , and that death occurred at 9:30 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Lewis Littenann MD		23b. ADDRESS 8231 Clayton Rd (17)	
23c. DATE SIGNED 3/25/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 28, 1949	
24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
DATE REC'D BY LOCAL REG. 3-28-49		REGISTRAR'S SIGNATURE Theresa Littenann	
25. FUNERAL DIRECTOR'S SIGNATURE Wanda R. Sma		ADDRESS 6175 Delmar Blvd, St. L.	

Dr. LITTMAN

8231 CLAYTON RD.

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.

Signed jos. E. McCulloch.....

Signed.....
Student Embalmer

Licensed Embalmer No. 2960.....

P. O. Address 6175 Palma.....

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.