

FILED MAY 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17684

State File No. 4207

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1005 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) St Louis 3		a. STATE Mo b. COUNTY	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) St Louis 17	
d. FULL NAME OF (If not in hospital or institution, give street address or location) Enroute to City Hospital		d. STREET (If rural, give location) 1334 16th & Market 5	

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) W	c. (Last) Schueddig	4. DATE OF DEATH (Month) (Day) (Year) May 10, 1949
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5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single 0	8. DATE OF BIRTH Sept 29, 1880	9. AGE (In years last birthday) 60	10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) fur grader	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St Louis, Mo. 0	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME August Schueddig	13b. MOTHER'S MAIDEN NAME Emma Brock	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Robert Schueddig	ADDRESS 4049 Humphrey
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <i>Coronary Arteriosclerosis</i>  DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) 94 Mo
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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? 4201
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 4:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE <i>Samuel E. Jaylor</i>	(Degree or title) Dr.	23b. ADDRESS 1360 Clark Ave	23c. DATE SIGNED 5/11/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) cremation	24b. DATE 5/12/49	24c. NAME OF CEMETERY OR CREMATORY Mathilda Crematory	24d. LOCATION (City, town, or county) (State) St Louis, Mo.
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DATE REC'D BY REG. MAY 11 1949	REGISTRAR'S SIGNATURE <i>J. B. Foster</i>	25. FUNERAL DIRECTOR'S SIGNATURE Ziegenhein & Sons	ADDRESS 7027 Gravois
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 .....  
Student Embalmer

Signed *W. G. Peterson*

Licensed Embalmer No. *3167*

P. O. Address *7027 Gravois*

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.