

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22173  
State File No.

FILED JUL 7 1949

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6073 Registrar's No. 1392

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>5233 Hodiament Ave.</i>		d. STREET ADDRESS (If rural, give location) <i>5233 Hodimont Ave.</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Cora</i> b. (Middle) <i>Alice</i> c. (Last) <i>Schue</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>June 7, 1949</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>November 6, 1869</i>
9. AGE (In years last birthday) <i>79</i>		10. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>	11. BIRTHPLACE (State or foreign country) <i>Seneca County Ohio</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>At Home</i>		12. CITIZEN OF WHAT COUNTRY? <i>1</i>	
13a. FATHER'S NAME <i>Robert Nighswauder</i>		13b. MOTHER'S MAIDEN NAME <i>Rebecca Schock</i>	14. NAME OF HUSBAND OR WIFE <i>Thomas E. Schue</i>
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 ADDRESS <i>Clinton H. Schue 5233 Hodiament Ave.</i>			

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		INTERVAL BETWEEN ONSET AND DEATH <i>7 months</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemiplegia</i>		
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>73d 334X</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 *Dec 15, 1948*, to *June 7, 1949*, that I last saw the deceased alive on *June 2, 1949*, and that death occurred at *2 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>C. J. Shepherd M.D.</i> (Degree or title)	23b. ADDRESS <i>1259 N. Kingshighway</i>	23c. DATE SIGNED <i>June 8-49</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>June 9, 1949</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Oak Wood Cemetery</i>
24d. LOCATION (City, town, or county) <i>Warsaw Indiana</i>		(State)

DATE REC'D BY LOCAL REG. <i>JUN 8 1949</i>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Chas. F. Stuart</i> ADDRESS <i>1225 Union</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300  
0.48

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Robert M Murray*

Licensed Embalmer No. *3749*

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