

No. 300
10-48

FILED OCT 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35551

2022

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

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3063** Registrar's No. **2468**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) CLAYTON		c. CITY (If outside corporate limits, write RURAL and give township) OVERLAND	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 3642-CALVERT AVE.	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS COUNTY HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) Albert	b. (Middle) JOHN	c. (Last) Schettler	4. DATE OF DEATH (Month) (Day) (Year) Oct. 12 1950
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEP 19, 1881	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ORDER FILLER	10b. KIND OF BUSINESS OR INDUSTRY KREGEL CASKETS	11. BIRTHPLACE (State or foreign country) QUINCY, ILL.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME CARL SCHETTNER	13b. MOTHER'S MAIDEN NAME ELIZABETH DIESLER	14. NAME OF HUSBAND OR WIFE MOLLIE SCHETTNER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 494-03-7468	17. INFORMANT'S SIGNATURE OR NAME Mollie Schettler	ADDRESS 3642-Calvert Overland Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF PROSTATE		INTERVAL BETWEEN ONSET AND DEATH 6mo-1yr 179X 5 yrs
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) METASTASES TO BONE, LIVER, & LUNG		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. GENERALIZED ARTERIOSCLEROSIS		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 179X	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)
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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?
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22. I hereby certify that I attended the deceased from **8-24-**, 19**50**, to **10-12**, 19**50**, that I last saw the deceased alive on **10-12**, 19**50** and that death occurred at **10:30pm.**, from the causes and on the date stated above.

23a. SIGNATURE J. D. ...	(Degree or title) M.D.	23b. ADDRESS 601 So. Brentwood Clayton, Mo.	23c. DATE SIGNED 10-13-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-16-50	24c. NAME OF CEMETERY OR CREMATORY Russell Hill Cemetery	24d. LOCATION (City, town, or county) (State) Wellston, Mo.
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DATE REC'D BY LOCAL REG OCT 14 1950	REGISTRAR'S SIGNATURE H. R. ...	25. FUNERAL DIRECTOR'S SIGNATURE M. D. ...	ADDRESS Overland, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Oscar F. Mueller*

Licensed Embalmer No. *3039*

P. O. Address *Overland 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.