

FILED NOV 17 1950

STANDARD CERTIFICATE OF DEATH

State File No. 9436
Registrar's No. 3925

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|---|--|---|--|--|---|---|------------------------------|---|--|
| BIRTH NO. | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. | | Registrar's No. | | | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | 2169 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Parklane Hospital | | | | STREET ADDRESS (If rural, give location) 4129a Juniata St. | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) W. c. (Last) SCHUENDEL | | | 4. DATE OF DEATH Nov. 5 1950 | | 5. SEX Male | | 6. COLOR OR RACE White | | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married | | 8. DATE OF BIRTH Nov. 29, 1890 | | 9. AGE (In years last birthday) 59 | | IF UNDER 1 YEAR Months Days | | IF UNDER 12 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoemaker-Paramount Shoe Co. | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY? | | |
| 13a. FATHER'S NAME Joseph C. Schuengel | | | 13b. MOTHER'S MAIDEN NAME Mary Fick | | 14. NAME OF HUSBAND OR WIFE Mary Schuengel | | | | |
| 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. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph B. Schuengel 4129a Juniata | | | | | |
| 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) <u>General carcinomatosis of the lungs.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21d. TIME OF INJURY About 5:00 P.M. | | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR 165X | | 22. I hereby certify that I attended the deceased from 5-17-50, 19__, to 10-5-50, 19__, that I last saw the deceased alive on 10-5-50, 19__, and that death occurred at 5:00P.M., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <i>Joseph B. Schuengel</i> (Degree or title) M.D. | | | | 23b. ADDRESS 1930 Lindell Blvd. St. Louis, Missouri | | 23c. DATE SIGNED 10-6-50 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Nov. 8, 1950 | | 24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. | | | |
| DATE REC'D BY LOCAL REG. NOV 6 1950 | | REGISTRAR'S SIGNATURE <i>J. B. Basater</i> | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl. | | | | |

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed William B. White

Signed.....
Student Embalmer

Licensed Embalmer No. 4291

P. O. Address 4228 S. King Highway

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.