

FILED JUN 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19089

State File No.

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 4469 Registrar's No. 40

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

1. PLACE OF DEATH a. COUNTY Ste. Genevieve		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, write RURAL and give township) Ste. Genevieve		c. CITY (If outside corporate limits, write RURAL and give township) Rural Central Township <u>0790</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ste. Gen. Rest Home		d. STREET ADDRESS (If rural, give location) Perryville, R.2 <u>1</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) Albert	c. (Last) Schindler	4. DATE OF DEATH (Month) (Day) (Year) June 4, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced <u>5</u>	8. DATE OF BIRTH February 3, 1890	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common Labor	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Perry County, Mo. <u>0</u>	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Ferd Schindler	13b. MOTHER'S MAIDEN NAME Rosie Unverferth	14. NAME OF HUSBAND OR WIFE Lena Huber
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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) No	16. SOCIAL SECURITY NO. 494-07-6571	17. INFORMANT'S SIGNATURE OR NAME Clyde Schindler, Perryville, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Sclerosis		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 334X	20. AUTOPSY? YES <input 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) (Min.)	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 Feb. 2, 1951, to June 4, 1951, that I last saw the deceased alive on June 3, 1951, and that death occurred at 3:46 Am., from the causes and on the date stated above.

23a. SIGNATURE William J. Selander	(Degree or title) M.D.	23b. ADDRESS Ste Genevieve Mo	23c. DATE SIGNED 6-5-51
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24a. BURIAL, CREMATION, REMOVAL Removal	24b. DATE June 4, 1951	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cem.	24d. LOCATION (City, town, or county) (State) Perryville, Mo.
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DATE REC'D BY LOCAL REG. June 5 1951	REGISTRAR'S SIGNATURE Theresa M. Karl	350	25. FUNERAL DIRECTOR'S SIGNATURE Albert J. Perryville, Mo.	ADDRESS
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File No. _____
DISTRICT HEALTH OFFICE No. 4

JUN 7 1951
RECEIVED

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..... *Albert Bay*

Licensed Embalmer No. *3866*

P. O. Address. *Ferryville, 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.