

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3497

State File No.

FILED FEB 8 1952

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 2002 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>St. Louis,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>St. Louis,</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>University City 5,</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>University City 5,</u>	
c. LENGTH OF STAY (in this place) <u>years</u>		d. STREET ADDRESS (If rural, give location) <u>7488 Stanford Avenue,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Res: 7488 Stanford Avenue,</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>PAULINE</u>	b. (Middle)	c. (Last) <u>SCHOTT.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan'y 4, 1952.</u>
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5. SEX <u>Female.</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed.</u>	8. DATE OF BIRTH <u>Oct 12, 1868.</u>	9. AGE (in years last birthday) <u>83.</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home.</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Pond, Missouri.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charles Steiner.</u>	13b. MOTHER'S MAIDEN NAME <u>Eva Lembach.</u>	14. NAME OF HUSBAND OR WIFE <u>Carl Schott.</u>
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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) <u>no.</u>	16. SOCIAL SECURITY NO. <u>none.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles G. Schott, 7488 Stanford Ave.,</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial</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. <u>Secondary Anemia</u>		<u>?</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>422.2</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 1-4, 1952, to 1-4, 1952, that I last saw the deceased alive on 1-3 (1952), and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Death or Title) <u>P. D. [Signature]</u>	23b. ADDRESS <u>462 Mo Taylor</u>	23c. DATE SIGNED <u>1-5-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>Jan. 7, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory.</u>	24d. LOCATION (City, town, or county) (State) <u>7600 St. Charles Road,</u>
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DATE REC'D BY LOCAL REG. <u>1-7-52</u>	REGISTRAR'S SIGNATURE <u>Robert R. [Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.R. Lupton & Sons, 3233 Delmar Blv'd.,</u>
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Arnold W. Schone

Signed.....
Student Embalmer

Licensed Embalmer No. *3864*

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.