

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22974

State File No.

FILED JUN 21 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 1595

1. PLACE OF DEATH a. COUNTY St. Louis County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) Overland		c. LENGTH OF STAY (in this place) 1-Month	
d. FULL NAME OF HOSPITAL OR INSTITUTION Overland Restorium		CITY (If outside corporate limits, write RURAL and give township) 19 Richmond Heights 4495 STREET ADDRESS (If rural, give location) 7914 Park Drive	

3. NAME OF DECEASED (Type or Print)	a. (First) Augusta	b. (Middle) _____	c. (Last) SCHISLER	4. DATE OF DEATH (Month) (Day) (Year) June 12 1952
--	---------------------------	-------------------	---------------------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 14-1866	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
-------------------------	----------------------------------	--	--	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Mascoutah, Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	---	---

13a. FATHER'S NAME Adam Kehrer	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Adam Schisler
--	---	---

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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Sam Apostos 7914 Park Drive (M)
---	--	--

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day - years years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) Hypertension		
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 —	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) (Min.) — — — —	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 May 16, 1952, to June 13, 1952, that I last saw the deceased alive on June 12, 1952, and that death occurred at 12:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE Ray A. Wozniak S.F.	(Degree or title) M.D.	23b. ADDRESS Overland 14 Mo	23c. DATE SIGNED 6-14-52
--	-------------------------------	---------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 17-1952	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
--	----------------------------------	---	---

DATE REC'D BY LOCAL REG. 6-16-52	REGISTRAR'S SIGNATURE Herbert R. Donke MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden Funeral H. 2936 St. Louis Ave.
--	---	--

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

004

2438 Woodson Rd.
OVERLAND

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 *Delia J. Krupin*

Licensed Embalmer No. *3497*

P. O. Address *1936 St. Louis*

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.