

**THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **29143**

No. 300
10.45 **SEP 3 - 1952**

BIRTH NO. _____ REG. DIST. NO. **306** PRIMARY REG. DIST. NO. **6048** Registrar's No. **15**

1. PLACE OF DEATH a. COUNTY St. Charles 0920		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Dardenne		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Dardenne 0920	
d. FULL NAME OF HOSPITAL OR INSTITUTION South of Ajax Pump Station		d. STREET ADDRESS (If rural, give location) 2 miles South of Ajax pump station	
3. NAME OF DECEASED (Type or Print) a. (First) Oscar William b. (Middle) William c. (Last) Schierbaum			4. DATE OF DEATH (Month) (Day) (Year) August 27, 1952
5. SEX Male <input type="radio"/> Female <input type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Nov. 14, 1874
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (State or foreign country) Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Stock Farm	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Henry John Schierbaum		13b. MOTHER'S MAIDEN NAME Caroline Meier	14. NAME OF HUSBAND OR WIFE Katie Schierbaum
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Katie Schierbaum ADDRESS O'fallon, Mo.	
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.			INTERVAL BETWEEN ONSET AND DEATH 3 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia			INTERVAL BETWEEN ONSET AND DEATH 1 year
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Metastatic Cancer of Bladder and Abdomen			
DUE TO (c) Carcinoma of Prostate			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 6 years
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)	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 Jan. 8, 1945 , to Aug. 27, 1952 , that I last saw the deceased alive on Aug. 26, 1952 , and that death occurred at 12:35 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE W.E. Bergesen (Describe or title) D.O.A.		23b. ADDRESS Ventzville, Missouri	23c. DATE SIGNED Aug. 28, 1952
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/29/52	24c. NAME OF CEMETERY OR CREMATORY New Melle Methodist	24d. LOCATION (City, town, or county) (State) New Melle, Missouri
DATE REC'D BY LOCAL REG. Aug 30 1952	REGISTRAR'S SIGNATURE E. A. Keithley	25. FUNERAL DIRECTOR'S SIGNATURE Marie Murphy Ventzville ADDRESS	

) (Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Howard O. Kessler

Licensed Embalmer No.

4631

P. O. Address

Wentzville, 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.