

3. No. 300
 4. 10-48

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

33406

FILED SEP 25 1952

318

State File No. _____

1003

8500

BIRTH NO. _____		REG. DIST. NO. _____		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 Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) 10 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 2139			
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary				d. STREET ADDRESS (If rural, give location) 13 5400 Arsenal St., 8			
3. NAME OF DECEASED (Type or Print) a. (First) Wanda		b. (Middle) _____		c. (Last) & Schuchardt		4. DATE OF DEATH (Month) (Day) (Year) 8 28 52	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH 1885		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Min. 67	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Germany 4		12. CITIZEN OF WHAT COUNTRY? ?	
13a. FATHER'S NAME John Zielinski			13b. MOTHER'S MAIDEN NAME Laura Loremore			14. NAME OF HUSBAND OR WIFE Unavailable	
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 City Infirmary Records, 5800 Arsenal St.			
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) Pulmonary Edema. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart Disease DUE TO (c) Hypertensive Cardiovascular Dis.				INTERVAL BETWEEN ONSET AND DEATH 12 hours ? ?	
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? 4200			
22. I hereby certify that I attended the deceased from <u>19</u> <u>Aug. 28,</u> 19 <u>52,</u> that I last saw the deceased alive on <u>Aug. 28,</u> 19 <u>52,</u> and that death occurred at <u>12:30 (NOON)</u> from the causes and on the date stated above.							
23a. SIGNATURE M. L. Goehausen MD				23b. ADDRESS 5800 Arsenal St.		23c. DATE SIGNED 9-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-10-52		24c. NAME OF CEMETERY OR CREMATORY St. Trinity Lutheran		24d. LOCATION (City, town, or county) (State) St. Louis, Co., Mo.	
DATE REC'D BY LOCAL REG. SEP 9 1952		REGISTRAR'S SIGNATURE W. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.			

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 John J. Hayes

Licensed Embalmer No. 4108

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.