

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. 2567

FILED MAR 24 1953

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

No. 300
10.48

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

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) ST. LOUIS Mo.		c. CITY (If outside corporate limits, write RURAL and give township): ST. LOUIS 2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. ANTHONY'S Hosp.		d. STREET ADDRESS (If rural, give location) 16 3422 GRAVOIS	
3. NAME OF DECEASED (Type or Print) a. (First) OSCAR b. (Middle) - c. (Last) SCHIBLER		4. DATE OF DEATH (Month) (Day) (Year) MAR. 6 1953	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH SEPT. 10 1887
9. AGE (In years: last birthday) 65	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STOCK CLERK	11. BIRTHPLACE (City and State or Foreign Country) SWITZERLAND 5	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME OSCAR SCHIBLER		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE UNKNOWN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME KENNETH SCHIBLER	
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.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis - ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Abdominal exploration & Appendectomy DUE TO (c) Recurrent pancreaticitis 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 Generalized abdominal arterio sclerosis	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH 3/3/53 2/20/53	
21a. ACCIDENT SUICIDE (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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 5501	
22. I hereby certify that I attended the deceased from Feb 15 1953 , to March 6th 1953 , that I last saw the deceased alive on 3/6 1953 , and that death occurred at 5:20 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Thos W. Powers		23b. ADDRESS 634 No. Grand	
23c. DATE SIGNED 3/7/53		23d. NAME OF CEMETERY OR CREMATORY S.S. PETER & PAUL	
23e. LOCATION (City, town, or county) (State) ST. LOUIS Mo.		23f. DATE REC'D BY LOCAL REG. MAR 9 1953	
23g. REGISTRAR'S SIGNATURE J. Carl Smith		23h. FUNERAL DIRECTOR'S SIGNATURE Thomas Kuter	
23i. ADDRESS 2906 Gravois		23j. (Licensed Embalmer's Statement on Reverse Side) M 83	

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

James C. Kelly

Licensed Embalmer No.

4347

P. O. Address

2906 Lewis

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.