S. No. 300
V. 10.48

FILED APR 3 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12595

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 825

1. PLACE OF DEATH
a. COUNTY: COUNTY - St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CLAYTON
c. LENGTH OF STAY (in this place): 3 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LOUIS COUNTY HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NORMANDY 417
d. STREET ADDRESS (If rural, give location): 3715 ST. ANNS LANE

3. NAME OF DECEASED (Type or Print): a. (First) Gertrude b. (Middle) Widow c. (Last) Amend
4. DATE OF DEATH (Month) (Day) (Year): Mar. 15, 1953
5. SEX: F.
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: DEC. 19-1885
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 2 Days 26 — IF UNDER 24 HRS.: Hours Min.
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): ALTAMONT - ILLINOIS
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME: HENRY SCHOENANG
13b. MOTHER'S MAIDEN NAME: JOSEPHINE HODAP
14. NAME OF HUSBAND OR WIFE: JOSEPH AMEND
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: MRS. ELEANOR WOODS — ADDRESS: 6514 FAIRCHILD

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 3d

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic cardiovas. disease — 10 yrs.
DUE TO (c) Diabetes mellitus — 15 yrs.

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: 260X
20. AUTOPSY? YES ☒ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-9-53, 19__, *to* 3-15-, 1953, *that I last saw the deceased alive on* 3-15, 1953, *and that death occurred at* 8:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles E. Nichols (Degree or title) M.D.
23b. ADDRESS: 601 S. Brentwood Clayton
23c. DATE SIGNED: 3-16-53
24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 3-18-53
24c. NAME OF CEMETERY OR CREMATORY: CALVARY CEMETERY
24d. LOCATION (City, town, or county) (State): ST. LOUIS MO
DATE REC'D BY LOCAL REG.: 3-17-53
REGISTRAR'S SIGNATURE: Herbert R. Domb - M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: L. B. Tanner — ADDRESS: 6107 Natural Br.
(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 Elton Robt Remelius

Licensed Embalmer No. 4283

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.