

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

FILED JUN 1- 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19903  
Registrar's No. 4795

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>4795</b>	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>?</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3916 Lindell Blvd.</b>			d. STREET ADDRESS (If rural, give location) <b>3916 Lindell Blvd.</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Caroline (Lena)</b> b. (Middle) <b>--</b> c. (Last) <b>Shrecker</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 11, 1953.</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>January 17, 1862</b>	9. AGE (To years last birthday) <b>91</b>	10. MONTHS <b>10</b>	11. HOURS <b>10</b>	12. MINUTES <b>45</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Worden, Illinois.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Julius Kohlenberg</b>		13b. MOTHER'S MAIDEN NAME <b>Fredericka</b>		14. NAME OF HUSBAND OR WIFE <b>Rudolph Shrecker</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Not known</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Miss Lillian Agnes Webster, 3916 Lindell</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Generalized arteriosclerosis.</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>10 + yrs</b>
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) _____		21f. HOW DID INJURY OCCUR? <b>4500</b>	
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"/>		22. I hereby certify that I attended the deceased from <b>Jan</b> , 19 <b>50</b> , to <b>May</b> , 19 <b>53</b> that I last saw the deceased alive on <b>May 10</b> , 19 <b>53</b> , and that death occurred at <b>4:10 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Edward W. G. ...</b> (Degree or title) <b>MD</b>			23b. ADDRESS <b>3701 Grandel St</b>		23c. DATE SIGNED <b>5/11/53</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal - Motor</b>	24b. DATE <b>5/14/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Hope Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Worden, Illinois.</b>			
DATE REC'D BY LOCAL REG. <b>MAY 12 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Calvin F. Feutz, 4828 Natural Bridge Blvd.</b>			

(Licensed Embalmer's Statement on Reverse Side)

**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 Ralph C. Hindes

Licensed Embalmer No. 4275

P. O. Address St. Louis, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.