

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23149  
5625

State File No. ....

FILED JUN 20 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1107 Hereford Ave.</b>		e. STREET ADDRESS (If rural, give location) <b>1107 Hereford Ave.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Bernard</b> b. (Middle) <b>Wesley</b> c. (Last) <b>Schorle</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 4, 1953</b>
---	--

5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M.</b>	8. DATE OF BIRTH <b>Aug. 8, 1898</b>	9. AGE (In years last birthday) <b>54</b>	IF UNDER 1 YEAR Months <b>9</b>	IF UNDER 1 HR. Hours <b>26</b>	IF UNDER 15 MIN. Min.
------------------	----------------------------	--	--------------------------------------	---	---------------------------------	--------------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Pur. Agent, Water Cooling &amp; Equip t. Co.</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Waterloo, Iowa</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
--	-----------------------------------	---	---

13a. FATHER'S NAME <b>A. D. Schorle</b>	13b. MOTHER'S MAIDEN NAME <b>Lena Miller</b>	14. NAME OF HUSBAND OR WIFE <b>Agnes</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 <b>Mrs. Agnes Schorle</b>	ADDRESS <b>1107 Hereford Ave.</b>
---	---	--	--------------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of prostate &amp; metastases 3 years</b>		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>177X</b>
--	--	---

22. I hereby certify that I attended the deceased from **Mar 3, 1953**, to **June 5, 1953**, that I last saw the deceased alive on **June 4, 1953**, and that death occurred at **7:50 PM.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Samuel D Grant M.D.</b>	23b. ADDRESS <b>114 N Taylor Ave</b>	23c. DATE SIGNED <b>June 5 '53</b>
--	---	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 8, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>
--	----------------------------------	--	---

DATE REC'D BY LOCAL REG. <b>JUN 5 1953</b>	REGISTRAR'S SIGNATURE <b>J. C. Smith</b>	FUNERAL DIRECTOR'S SIGNATURE <b>J. Donnelly</b>	ADDRESS <b>3840 Lindell Blvd.</b>
---	---	--	--------------------------------------

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 me ..... Student Embalmer No. ....  
working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed [Signature] .....

Licensed Embalmer No. 469 .....

P. O. Address [Signature] .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.