

FILED AUG 31 1953

STANDARD CERTIFICATE OF DEATH

State File No. **30401**BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7482**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2079		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 10 Days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		0
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital			d. STREET ADDRESS (If rural, give location) 5412 Genevieve Ave.		
3. NAME OF DECEASED (Type or Print) a. (First) Harry		b. (Middle) F.	c. (Last) Schewe	4. DATE OF DEATH (Month) (Day) (Year) July 30 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 8, 1881	9. AGE (In years) (last birthday) 72	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Grocer	10b. KIND OF BUSINESS OR INDUSTRY Wholesale Grocer		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Deceased	
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. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dr. Wesley H. Tempel, 3435 Tennessee		
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 Embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Phlebotrombosis, Rt leg 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 12 Hrs
19a. DATE OF OPERATION 7/23/53	19b. MAJOR FINDINGS OF OPERATION Large Rt Inq. Hernia				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) 463 X			
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?			
22. I hereby certify that I attended the deceased from 7/22/53 , 19 53 , to 7/30 , 19 53 that I last saw the deceased alive on 7/30 , 19 53 , and that death occurred at 2:45 p.m., from the causes and on the date stated above.					
23a. SIGNATURE James F. Houderly M.D.		23b. ADDRESS 106 66 Center		23c. DATE SIGNED 7/30/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 8-3-1953	24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	24d. LOCATION (City, town, or county) (State) Wellston, Mo.		
DATE REC'D BY LOCAL AUG 1 1953	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son Inc. 2161 E. Fair Ave.		

G.P. (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 _____

working under my personal supervision.

Student
Student Embalmer

Signed *Glen W. Naz*
Student Embalmer No. _____

Licensed Embalmer No. *3737*
P. O. Address *St. Louis, Mo*

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

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