

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 23 1953

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State File No. 9802
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>			c. LENGTH OF STAY (in this place) <u>27 days</u>			c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>			2019				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>505 W. Poepping St.</u>									
3. NAME OF DECEASED a. (First) <u>Helen</u> (Type or Print)			b. (Middle) <u>-----</u>			c. (Last) <u>Schnelting</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 11, 1953</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 15, 1904</u>		9. AGE (In years last birthday) <u>49</u>		IF UNDER 1 YEAR: Months _____ Days _____		IF UNDER 2 WEEKS: Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME <u>John EByrne</u>				13b. MOTHER'S MAIDEN NAME <u>Della Rafferty</u>				14. NAME OF HUSBAND OR WIFE <u>Leo J.</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leo J. Schnelting 505 W. Poepping St.</u>							
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) <u>Acute Cardiac Dilatation</u> ANTECEDENT CAUSES <u>Chronic myocarditis</u> DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) <u>Carcinoma of Left ovary</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.										INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>2 yrs</u> <u>6 mos</u>	
19a. DATE OF OPERATION <u>10-10-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>as above</u>								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) _____								
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? <u>175X</u>								
22. I hereby certify that I attended the deceased from <u>Sept. 15, 1953</u> , to <u>Oct 11, 1953</u> , that I last saw the deceased alive on <u>Oct 11, 1953</u> and that death occurred at <u>1:30 Pm.</u> , from the causes and on the date stated above.													
23a. SIGNATURE <u>George A. O'Sullivan, M.D.</u> (Degree or title)				23b. ADDRESS <u>511 N. Schermer, St. Louis, Mo.</u>				23c. DATE SIGNED <u>Oct 12 53</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Oct. 15, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>1215 Lemay Ferry Road Lemay, Mo</u>						
DATE REC'D BY LOCAL REG. <u>OCT 14 1953</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>P. Hoffmeister U. & L. Co. 7814 S. Broadway</u>							

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 *Louis C. Hoffmann*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

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.