

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 17 1953

State File No. **44462**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11736**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8010 Idaho ave.		d. STREET ADDRESS (If rural, give location) 8010 Idaho Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Anthony b. (Middle) Joseph c. (Last) Schott			4. DATE OF DEATH (Month) (Day) (Year) December 10, 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 13, 1891
9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet Maker	11. BIRTHPLACE (City and State or Foreign Country) Woodside, Long Island N.Y.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet Maker		10b. KIND OF BUSINESS OR INDUSTRY Carpenter	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Joseph Schott		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Christeen
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Christeen I. Schott 8010 Idaho ave.
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial degeneration ANTECEDENT CAUSES DUE TO (b) Chronic endocarditis with hypertrophy DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
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)
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? 4214
22. I hereby certify that I attended the deceased from Dec. 5, 1953 , to Dec. 10, 1953 , that I last saw the deceased alive on Dec. 7, 1953 , and that death occurred at 1:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE A. W. Peters (Degree or title) m.j.		23b. ADDRESS 4145 E. Grand	23c. DATE SIGNED 12/11/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Dec. 14, 1953	24c. NAME OF CEMETERY OR CREMATORY St. Trinity Cemetery	24d. LOCATION (City, town, or county) (State) 2000 Lemay Ferry Road Lemay, Mo.
DATE REC'D BY LOCAL REG. DEC 12 1953	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister U. & L. Co. 7814 S. Broadway	

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

8-5

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 Lester E. Hoffmeister

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.