

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3247**

FILED JAN 26 1954

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0161**

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS Mo c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION MARIAN HOSPITAL 24		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2248 d. STREET ADDRESS (If rural, give location) 3548 - NEBRASKA	
3. NAME OF DECEASED (Type or Print) ALOYSIUS SCHINDLER a. (First) _____ b. (Middle) _____ c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) JAN. 4 1954	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 24 1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BEER BOTTLER BUSCH Brewery		10b. KIND OF BUSINESS OR INDUSTRY Missouri	11. BIRTHPLACE (City and State or Foreign Country) 0 12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME CHARLES SCHINDLER		13b. MOTHER'S MAIDEN NAME CLARA YOEDEL	14. NAME OF HUSBAND OR WIFE ELEANOR SCHINDLER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME ELEANOR SCHINDLER 3548-NEBRASKA			

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sung abscess		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary hemorrhage		3 minutes	
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? 521X

22. I hereby certify that I attended the deceased from 6-15, 1953, to 1-4, 1954, that I last saw the deceased alive on 1-4, 1954, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE O Jones		23b. ADDRESS M.D. 3616 S. Belmont, St. Louis	23c. DATE SIGNED 1-5-54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN. 7 1954	24c. NAME OF CEMETERY OR CREMATORY S.S. PETER & PAUL	24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 8 1954 J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Thomas Rutis 2906 Genois		

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

10-11-11

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 _____

James E. Hill

Licensed Embalmer No. 4347

P. O. Address. 2906 Drava

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.