

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6777

State File No. _____
Registrar's No. 1705

BIRTH NO. FILED MAR 8 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

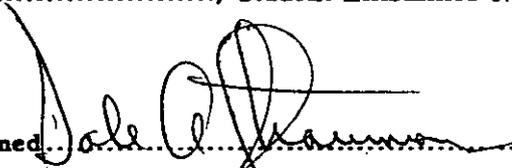
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>16 4010 Oleatha Ave.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>DIANNE</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>SCHOENLE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 21 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Feb. 16, 1947</u>
9. AGE (In years last birthday) <u>7</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student-Elias Michael School</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>
12. CITIZEN OF WHAT COUNTRY?		13. NAME OF HUSBAND OR WIFE	
13a. FATHER'S NAME <u>Gustave A. Schoenle</u>		13b. MOTHER'S MAIDEN NAME <u>Genevieve Plummer</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Gustave A. Schoenle</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>The Pneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>Transition</u> DUE TO (c) 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>490X</u>		22. I hereby certify that I attended the deceased from <u>1/31, 1950</u> , to <u>2/21, 1954</u> , that I last saw the deceased alive on <u>2/21, 1954</u> , and that death occurred at <u>3:20P m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>5000 S. Compton</u>	
23c. DATE SIGNED <u>2/22/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>Feb. 24, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul Churchyard</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	
DATE REC'D BY LOCAL REG. <u>FEB 23 1954</u>		ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl.</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.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 45.....

P. O. Address

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.