No. 300
10.48

FILED MAY 5 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14055

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3511

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST.LOUIS,MO.
c. LENGTH OF STAY (In this place): 20 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): FIRMIN DESLOGE HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: STLOUIS
c. CITY OR TOWN: ST.LOUIS,MO. no
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 9856 SOUTH BROADWAY 2049

3. NAME OF DECEASED (Type or Print)
a. (First): RUTH
b. (Middle): CECELIA
c. (Last): SCHELL

4. DATE OF DEATH (Month) (Day) (Year): APRIL 16, 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MAY 17,1920
9. AGE (In years last birthday): 33 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Packer
10b. KIND OF BUSINESS OR INDUSTRY: National Biscuit Co.
11. BIRTHPLACE (City and State or Foreign Country): ST.LOUIS, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: ALOIS REIGERT
13b. MOTHER'S MAIDEN NAME: CECELIA MANTY
14. NAME OF HUSBAND OR WIFE: WILLARD SCHELL

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.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Willard Schell, 9856 S. Broadway, St.Louis, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilat. Bronchopneumonia & segmental atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) UREMIA, chronic glomerulonephritis — 6 weeks
DUE TO (c) Hypertensive cardiovascular disease — over 2 Mo 1 yr?

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Toxic depression of bone marrow

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 592X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1954, *to* April 16 1954, *that I last saw the deceased alive on* April 16 1954, *and that death occurred at* 7:30 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A J Steiner MD
23b. ADDRESS: 634 N. Grand
23c. DATE SIGNED: 4-19-54

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 4-20-1954
24c. NAME OF CEMETERY OR CREMATORY: NATIONAL CEMETERY
24d. LOCATION (City, town, or county) (State): JEFFERSON BARRACKS, MISSOURI

DATE REC'D BY LOCAL REG.: APR 19 1954
REGISTRAR'S SIGNATURE: J Carl Smith MD MJB
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: McLaughlin Funeral Home, Inc. 2301 Lafayette, St Louis 4, Missouri P 1-07/7

(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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed L R Cooper

Licensed Embalmer No. 36

P. O. Address 2301 Lafayette St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.