

FILED OCT 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30488

BIRTH NO.		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 197		
1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles				
b. CITY (If outside corporate limits, write RURAL and give township) St. Charles		c. LENGTH OF STAY (In this place) Life		c. CITY OR TOWN St. Charles		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Joseph's Hospital				e. STREET ADDRESS (If rural, give location) 1000 Pike St. 0923				
3. NAME OF DECEASED (Type or Print) a. (First) EARL b. (Middle) G c. (Last) SCHIERDING			4. DATE OF DEATH (Month) (Day) (Year) Sept. 29, 1955					
5. SEX Male <input type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 14, 1908		9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months Days Hours Mtn. 6 15	IF UNDER 24 HRS. Hours Mtn.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician		10b. KIND OF BUSINESS OR INDUSTRY Contractor		11. BIRTHPLACE (City and State or Foreign Country) St. Charles, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME William Schierding		13b. MOTHER'S MAIDEN NAME Elenora		14. NAME OF HUSBAND OR WIFE Elma Fare Schierding				
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. 486-12-9781		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Elma Schierding, St. Charles, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple fractures of ribs, pelvis, skull ANTECEDENT CAUSES Left arm vertebrae, cerebral concussion DUE TO (b) car accident DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 9026				INTERVAL BETWEEN ONSET AND DEATH Shows
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 45		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) St. Charles High School		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Charles 130 St. Charles Mo				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 29 1955 4:30 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fall off light pole				
22. I hereby certify that I attended the deceased from Sept 29, 1955, to Sept 29, 1955, that I last saw the deceased alive on Sept 29, 1955, and that death occurred at 10 p. m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Vincent A. Schneider M.D.				23b. ADDRESS St. Charles Mo		23c. DATE SIGNED Oct 1-1955		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 2, 1955	24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery		24d. LOCATION (City, town, or county) (State) St. Charles, Mo.			
DATE REC'D BY LOCAL REG. Oct 21 1955		REGISTRAR'S SIGNATURE Thomae Hamilton		25. FUNERAL DIRECTOR'S SIGNATURE Arthur C. Bauer		ADDRESS St. Charles, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

1956

APR 12 1956

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 *Clarence M. Belle*.....

Licensed Embalmer No. *437*.....

P. O. Address *J. Charles*.....

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.