

FILED DEC 2 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38842**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10110**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>St. Louis</b>	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 <b>3127 a Shenandoah Ave.</b>		e. STREET ADDRESS (If rural, give location) <b>3127 a Shenandoah Ave.</b>	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <b>Clara</b>	b. (Middle)	c. (Last) <b>Schoettler</b>	<b>11/19/55</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>7/6/1869</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unknown</b>		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years just birthday) <b>86</b> # UNDER 1 YEAR Months Days # UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Genevieve, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Charles Schoettler</b>	13b. MOTHER'S MAIDEN NAME <b>Caroline Unknown</b>	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) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>J. N. SOMMER 5977 Jamieson Ave.</b>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Rectus</b>		INTERVAL BETWEEN ONSET AND DEATH <b>June 15</b>
	ANTECEDENT CAUSES DUE TO (b) <b>Marbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		
	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 <b>154x</b>	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?

22. I hereby certify that I attended the deceased from **June 20, 1955**, to **Nov 19, 1955** that I last saw the deceased alive on **Nov 18, 1955**, and that death occurred at **6:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>H. Y. Moore MD</b> (Degree or title)	23b. ADDRESS <b>917-5818</b>	23c. DATE SIGNED <b>11/19/55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>11/21/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Genevieve</b>
DATE REC'D BY LOCAL REG. <b>NOV 21 1955</b>		24d. LOCATION (City, town, or county) (State) <b>St. Genevieve, Mo.</b>

REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>E. J. Schnur 3125 Lafayette Ave.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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.....  
*Thomas R. Fenwick*

Licensed Embalmer No. 374

P. O. Address 3125 Lafayette

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.