

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39264**

FILED DEC 13 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **2714**

1. PLACE OF DEATH a. COUNTY <b>St Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Pagedale</b>		c. CITY OR TOWN <b>Pagedale</b> <b>428</b>	
c. LENGTH OF STAY (in this place) <b>10 yrs</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7300 Grand Drive</b>		e. STREET ADDRESS (If rural, give location) <b>7300 Grand Dr</b>	

3. NAME OF DECEASED a. (First) <b>Philip</b> b. (Middle) <b>M</b> c. (Last) <b>Schloeman</b>			4. DATE OF DEATH (Month) <b>Nov</b> (Day) <b>18</b> (Year) <b>55</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec 12, 1896</b>	9. AGE (In years last birthday) <b>58</b>	IF UNDER 1 YEAR Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Century Elect</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Lincoln County Mo</b>	
13a. FATHER'S NAME <b>John Schloeman</b>			13b. MOTHER'S MAIDEN NAME <b>Rosa Gerkin</b>		14. NAME OF HUSBAND OR WIFE <b>Mabel Schloeman</b>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b> (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mabel Schloeman</b> ADDRESS <b>7300 Grand Drive</b>			
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio-sclerotic Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>years</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Cardiac Decompensation</b>		<b>n</b>
	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>4200</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) m.	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 **5/18**, 19**55**, to **11/18**, 19**55**, that I last saw the deceased alive on **11/17**, 19**55**, and that death occurred at **8 P.** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Herman M. Meyer</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>4409 West Pine (8)</b>	23c. DATE SIGNED <b>11/19/55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>11-20-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>City</b>
24d. LOCATION (City, town, or county) <b>Troy Mo</b>		(State)

DATE REC'D BY LOCAL REG. <b>11-19-55</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Dombard</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b> ADDRESS <b>4700 Washington</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

JUL 13 1956

FEB 23 1956

JAN 10 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.....  
*Paul A. Wacht*

Licensed Embalmer No.....*410*

P. O. Address.....*St Louis*

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.