

FILED DEC 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>2796</u>	
1. PLACE OF DEATH a. COUNTY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). —a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Affton</u>		c. LENGTH OF STAY (In this place) <u>18 yrs</u>		c. CITY OR TOWN <u>Affton</u> <u>4810</u>		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 <u>8534 Pilot</u>				e. STREET ADDRESS (If rural, give location) <u>8534 Pilot</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Oscar</u>			b. (Middle) <u>J</u>		c. (Last) <u>Schraut Jr.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 28, 1955</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept 14, 1910</u>		9. AGE (In years last birthday) <u>45</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supt.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Southern Equipment</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Oscar A Schraut</u>		13b. MOTHER'S MAIDEN NAME <u>Gertrude Boding</u>		14. NAME OF HUSBAND OR WIFE <u>Mildred H Schraut</u>			
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. <u>489-10-8306</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mildred H Schraut 8534 Pilot</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>uremia</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Chronic glom. nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocarditis + Edema</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> <u>1 1/2 yrs</u> <u>1 1/2 "</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>592x 593x</u>					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) (Min.)		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 <u>10/24</u> , 19 <u>54</u> , to <u>Nov. 28, 1955</u> , that I last saw the deceased alive on <u>11/28</u> , 19 <u>55</u> , and that death occurred at <u>9:25P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or Title) <u>Chas. O. Metz MD</u>				23b. ADDRESS <u>3102nd South Grand</u>		23c. DATE SIGNED <u>11/29/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/1/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis County Mo</u>		
DATE REC'D BY LOCAL REG. <u>11-30-55</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Dombard</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J L Ziegenhein & Sons 7027 Gravois</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 *E. P. Kidwell*.....

Licensed Embalmer No. *3877*

P. O. Address *7027 Grand*

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.