

FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42575**
11392

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR Saint Louis TOWN		c. LENGTH OF STAY in this place 50 Years		c. CITY OR TOWN St. Louis		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 Deaconess Hospital				e. STREET ADDRESS (If rural, give location) 6150 Oakland Avenue, 10.			
3. NAME OF DECEASED (Type or Print) a. (First) ALVINA		b. (Middle)		c. (Last) SCHEID		4. DATE OF DEATH (Month) (Day) (Year) Dec. 25th, 1955	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Aug. 20th, 1882	
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months		IF UNDER 11 HRS. Days		IF UNDER 11 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deaconess Sister		10b. KIND OF BUSINESS OR INDUSTRY Hospital		11. BIRTHPLACE (City and State or Foreign Country) Freeburg, Illinois			12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Charles Scheid			13b. MOTHER'S MAIDEN NAME Margaretha Heigle			14. NAME OF HUSBAND OR WIFE None	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sister Frieda Ziegler, 6150 Oakland Avenue, 10			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage (left) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X					INTERVAL BETWEEN ONSET AND DEATH 1WK 1 year
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X				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 Oct , 19 55 , to Dec 25 , 19 55 , that I last saw the deceased alive on Dec 24 , 19 55 , and that death occurred at 4:45A m., from the causes and on the date stated above.							
23a. SIGNATURE N. G. Amey md (Degree or title)				23b. ADDRESS 16/16th St. St. Louis		23c. DATE SIGNED 12/27/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/28/55		24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REG. DEC 28 1955		REGISTRAR'S SIGNATURE J. Carl Smith md		FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FRUTZ		ADDRESS 4028 Natural Bridge Blvd., St. Louis, Mo.	

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

Br. Robert Koch,
35 N. Central Clayton,
Pa. 1-1461
1-6 P.M.

File in City

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 *John A. Mlenar*.....
Licensed Embalmer No. 416

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

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