

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2482**
Registrar's No. **957**

FILED JAN 16 1956

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058**

1. PLACE OF DEATH a. COUNTY Saint 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) OR TOWN Saint Charles	c. LENGTH OF STAY (In this place) 4 weeks	c. CITY OR TOWN Saint 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 Saint Joseph's Hospital		e. STREET ADDRESS (If rural, give location) 720 No. 7th St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Josephine	b. (Middle) Schotte	c. (Last) Schotte	4. DATE OF DEATH (Month) (Day) (Year) Jan. 8, 1956
-------------------------------------	-----------------------------	----------------------------	--------------------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 6, 1899	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months 8 Days 2	IF UNDER 24 HRS. Hours Min.
----------------------	-------------------------------	---	-------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own	11. BIRTHPLACE (City and State or Foreign Country) Merced, California	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	--	--

13a. FATHER'S NAME Madesta Blame	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE John Schotte
---	--	---

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 John Schotte, St. Charles, Mo.	ADDRESS 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial Infarction		1 wk.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Nephro-sclerosis		Undet.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis Diabetes mellitus		Undet.	Undet.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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. 25, 1955**, to **Jan. 8, 1956**, that I last saw the deceased alive on **Jan. 7, 1956**, and that death occurred at **3:20 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R.M. Justice M.D.	23b. ADDRESS St. Charles, Mo.	23c. DATE SIGNED Jan. 9, 1956
---	--------------------------------------	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Erial	24b. DATE Jan. 10, 1956	24c. NAME OF CEMETERY OR CREMATORY Saint John's Cemetery	24d. LOCATION (City, town, or county) (State) Saint Charles, Mo.
--	--------------------------------	---	---

DATE REC'D BY LOCAL REG. Jan 10 1956	REGISTRAR'S SIGNATURE Hannie Hamilton	25. FUNERAL DIRECTOR'S SIGNATURE W.C. Doolney + Son	ADDRESS St. Charles, Mo.
---	--	--	---------------------------------

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..... *Frank R. Amalony*
Licensed Embalmer No.....

P. O. Address *St. Clair*

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.