

FILED FEB 10 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3204**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **199**

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clayton</b>  |  | c. CITY OR TOWN <b>4790 Crestwood</b>  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <b>DOA</b>   |  | e. STREET ADDRESS (If rural, give location) <b>1107 Spellman</b>   |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>St. Louis County Hosp.</b> |  |  |  |

|                                     |                          |                      |                              |                                       |
|-------------------------------------|--------------------------|----------------------|------------------------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <b>ALBERT</b> | b. (Middle) <b>P</b> | c. (Last) <b>SCHEIDEGGER</b> | 4. DATE OF DEATH (Month) (Day) (Year) |
|                                     |                          |                      |                              | <b>Jan 20 1956</b>                    |

|                    |                               |   |  |   |   |   |
|--------------------|-------------------------------|---|--|---|---|---|
| 5. SEX <b>male</b> | 6. COLOR OR RACE <b>white</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b> | 8. DATE OF BIRTH <b>April 20, 1884</b> | 9. AGE (In years last birthday) <b>71</b> | IF UNDER 1 YEAR Months <b>9</b> Days <b>0</b> | IF UNDER 24 HRS. Hours <b></b> Min. <b></b> |
|--------------------|-------------------------------|---|--|---|---|---|

|  |  |   |  |
|--|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>self employed</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>carpenter</b> | 11. BIRTHPLACE (City and State or Foreign Country) <b>Berger, Mo.</b> | 12. CITIZEN OF WHAT COUNTRY? <b>USA.</b> |
|--|--|---|--|

|   |   |  |
|---|---|--|
| 13a. FATHER'S NAME <b>Frank Scheidegger</b> | 13b. MOTHER'S MAIDEN NAME <b>Mary Riley</b> | 14. NAME OF HUSBAND OR WIFE <b>Frances (Doc)</b> |
|---|---|--|

|   |  |  |                               |
|---|--|--|-------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>none</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Francis Scheidegger</b> | ADDRESS <b>227 McCullough</b> |
|---|--|--|-------------------------------|

|  |   |  |  |
|--|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Unknown natural causes</b>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>ruh</b> |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |  |
|  | 11. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                           |  |  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|   |  |                                 |
|---|--|---------------------------------|
| 23a. SIGNATURE <b>Herbert R. Donke</b> (Degree or title) <b>Local Registrar</b> | 23b. ADDRESS <b>651 S. Brentwood Blvd.</b> | 23c. DATE SIGNED <b>1-25-56</b> |
|---|--|---------------------------------|

|   |                          |   |  |
|---|--------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b> | 24b. DATE <b>1/23/56</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b> |
|---|--------------------------|---|--|

|   |  |   |                              |
|---|--|---|------------------------------|
| DATE REC'D BY LOCAL REG. <b>1-22-56</b> | REGISTRAR'S SIGNATURE <b>Herbert R. Donke MD</b> | FUNERAL DIRECTOR'S SIGNATURE <b>Louis H. Gopp Inc</b> | ADDRESS <b>Kirkwood, Mo.</b> |
|---|--|---|------------------------------|

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..... *Felix Howard* .....

Licensed Embalmer No. *3034*

P. O. Address *Kankakee*

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.