

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22441**
Registrar's No. **1421**

FILED JUN 21 1956

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Creve Coeur		c. CITY OR TOWN Creve Coeur	
c. LENGTH OF STAY (In this place) 2 yrs		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 Emerson Avenue		e. STREET ADDRESS (If rural, give location) Emerson Ave. R#3 Box 101	

3. NAME OF DECEASED (Type or Print)	a. (First) Emilie	b. (Middle) Caroline	c. (Last) Scheidt	4. DATE OF DEATH (Month) (Day) (Year) June 9, 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 1, 1890	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY AT Home	11. BIRTHPLACE (City and State or Foreign Country) Clayton, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Martin J. Foehr	13b. MOTHER'S MAIDEN NAME Emile Schrepfer	14. NAME OF HUSBAND OR WIFE Robert W. Scheidt
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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 Robert W. Scheidt	ADDRESS Creve Coeur, Mo.
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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, asphyxia, 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) Neuro-circulatory Collapse		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral vascular accident Hypertension. DUE TO (c) Arteriosclerosis -		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) Creve Coeur, St. Louis, Mo.
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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
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22. I hereby certify that I attended the deceased from **4/17, 1954**, to **6/9, 1956**, that I last saw the deceased alive on **6/4, 1956**, and that death occurred at **6:30A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William Seibert, D.D.	23b. ADDRESS Creve Coeur, Mo.	23c. DATE SIGNED 6/11/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-11-1956	24c. NAME OF CEMETERY OR CREMATORY St. Pauls Ev. Cemetery	24d. LOCATION (City, town, or county) (State) Olivette, Mo.
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DATE REC'D BY LOCAL REG. 6-11-56	REGISTRAR'S SIGNATURE Herbert B. Dombek	25. FUNERAL DIRECTOR'S SIGNATURE William M. Bro. M.	ADDRESS 2504 Woodson Rd. Overland, Mo.
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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 *Oscar F. Mueller*.....

Licensed Embalmer No. *3039*.....

P. O. Address *Overland 17*.....

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.