No. 300
10-48

FILED MAR 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5895

State File No. .....

BIRTH NO. 8900-57 REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 77

1. PLACE OF DEATH
a. COUNTY St. Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Charles
c. LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Charles
c. CITY OR TOWN St. Charles 0920 0
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) RR #1

3. NAME OF DECEASED (Type or Print) a. (First) Linda b. (Middle) Virginia c. (Last) Schlenke

4. DATE OF DEATH (Month) (Day) (Year) Febr. 21, 1957

5. SEX Female
6. COLOR OR RACE White 1
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single 0
8. DATE OF BIRTH Febr. 19, 1957
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ------
10b. KIND OF BUSINESS OR INDUSTRY ------
11. BIRTHPLACE (City and State or Foreign Country) St. Charles, Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Oliver J. Schlenke
13b. MOTHER'S MAIDEN NAME Pearl Virginia Lawing
14. NAME OF HUSBAND OR WIFE ------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ---- (If yes, give war or dates of service) ----
16. SOCIAL SECURITY NO. -----
17. INFORMANT'S SIGNATURE OR NAME Oliver Schlenke, RR 1, St. Charles, Mo ADDRESS

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 776x
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/19, 1957, *to* 2/21, 1957, *that I last saw the deceased alive on* 2/21, 1957, *and that death occurred at* 10 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE F. P. Weyrens, M.D. (Degree or title)
23b. ADDRESS St. Charles, Mo
23c. DATE SIGNED 2/23/57

24a. BURIAL, CREMATION, REMOVAL (Specify) removal
24b. DATE Febr. 22, 1957
24c. NAME OF CEMETERY OR CREMATORY All Saints Cemetery
24d. LOCATION (City, town, or county) St. Peters, Mo. (State)

DATE REC'D BY LOCAL REG. 2-23-57
REGISTRAR'S SIGNATURE Hazel Lawler Dep.
25. FUNERAL DIRECTOR'S SIGNATURE Geo. Stiefvater ADDRESS St. Peters, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 NOT was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed [illegible]

Licensed Embalmer No. 24 [illegible]

P. O. Address [illegible]

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