Health, Welfare Public Service

300
1-57

FILED JAN 30 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3540

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 576

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Deaconess Hosp. — Length of stay in Ib 1 wk
d. STREET ADDRESS (If outside, give location) 3936 Russell — Reside on Farm Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo.
b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First Victor Middle G. Last Schade

4. DATE OF DEATH Month 1 Day 16 Year 58

5. SEX M
6. COLOR OR RACE W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH 11/16/1887
9. AGE (In years last birthday) 70 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher
10b. KIND OF BUSINESS OR INDUSTRY retired
11. BIRTHPLACE (City and state or country) Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Frederick Shade
13b. MOTHER'S MAIDEN NAME Caroline Bergman
14. NAME OF HUSBAND OR WIFE Daisy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 496-12-3172
17. INFORMANT Mrs. Una Grey — Address 3936 Russell

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Thrombocytopenia purpura — INTERVAL BETWEEN ONSET AND DEATH 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinomatous involvement
DUE TO (c) of the bone marrow
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 200.2
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12-19-57, to 1-16-58 and last saw him alive on 1-15-58
Death occurred at 8 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John W. Berry M.D. (Degree or title)
22b. ADDRESS 950 Francis Place
22c. DATE SIGNED 1-17-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 1/17/58
23c. NAME OF CEMETERY OR CREMATORY West Lawn
23d. LOCATION (City, town, or county) (State) Jonesboro Arkansas

24. FUNERAL DIRECTOR Jas. A. Howard — ADDRESS 1619 So. Grand
25. DATE RECD. BY LOCAL REG. JAN 17 '58
26. REGISTRAR'S SIGNATURE J. Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 .....

Licensed Embalmer No. 4108

P. O. Address Houlton, Me.

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.