

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019388
STATE FILE NUMBER

FILED MAY 22 1958 Registration District No. 306 Primary Registration District No. 6048 Registrar's No.

1. PLACE OF DEATH a. COUNTY St. 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, give TOWNSHIP only) Inside Limits OR TOWN O'Fallon Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Charles 0923 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION Roeper Nursing H. 2yrs.		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> 219 Tompkins	

3. NAME OF DECEASED (Type or print) First Ida Middle Sophia Last Schaberg			4. DATE OF DEATH Month May Day 16 Year 1958		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 10, 1876	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 4 Days 6	IF UNDER 24 HRS. Hours 331 Min. X
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-keeper	10b. KIND OF BUSINESS OR INDUSTRY House-keeper	11. BIRTHPLACE (City and state or country) St. Charles, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13. FATHER'S NAME Fredrick Helmich	14. MOTHER'S MAIDEN NAME Sophia Bower
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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 Eugene Schaberg Address St. Charles, Mo.
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arterio sclerosis	
	DUE TO (c) Senility	
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
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20c. TIME OF INJURY Hour 9:05 Month 11 Day 15 Year 1958 a. m. p. m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION O'Fallon Mo	COUNTY	STATE
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21. I attended the deceased from April 15, 1958 to May 16, 1958 and last saw her ^{her} _{him} alive on May 15, 1958 Death occurred at 9:05 11 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Harold A. Mangold Do. 2 (Degree or title)	22b. ADDRESS O'Fallon Mo	22c. DATE SIGNED May 16, 1958
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 18, 1958	23c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery	23d. LOCATION (City, town, or county) (State) St. Charles, Mo.
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24. FUNERAL DIRECTOR Arthur C. Bruce Funeral Home ADDRESS St. Charles, Mo.	25. DATE RECD. BY LOCAL REG May 18 1958	26. REGISTRAR'S SIGNATURE E. K. Entley
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAY 26 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No. U
working under my personal supervision..

Student David C. Bane
Signature of Student Embalmer

Signed Arthur C. Bane

Licensed Embalmer No. 4
P. O. Address Idaho

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