

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024200

STATE FILE NUMBER

FILED JUL 11 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1668

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, give TOWNSHIP only) OR TOWN Affton, Missouri		c. CITY OR TOWN Affton	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 48000
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9434 Brenda		Length of stay in lb 4 yrs	d. STREET ADDRESS 9434 Brenda (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Antoinette Middle Schoenle Last			4. DATE OF DEATH Month June Day 19 Year 1958		
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 March 6, 1884	9. AGE (In years last birthday) 74	
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 country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Gustave Stein			14. MOTHER'S MAIDEN NAME Antoinette Rose		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give year or dates of service) No		16. SOCIAL SECURITY NO. No	17. INFORMANT Arthur Schoenle Address 9434 Brenda Affton, Missouri		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardiac Failure</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Atherosclerosis CVR Dis</i>	20 yrs
	DUE TO (c) <i>Diabetes Mellitus</i>	30 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>260X</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)		
20c. TIME OF INJURY Hour Month, Day, Year 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	COUNTY	STATE	
21. I attended the deceased from <i>1-2-58</i> to <i>6-19-58</i> and last saw her alive on <i>6-15-58</i> Death occurred at <i>7:15 pm</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>C. A. Hester MD</i> (Degree or title)		22b. ADDRESS <i>5600 S. Compton</i>		22c. DATE SIGNED <i>6-20-58</i>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>June 23, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>New Picker</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>		
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24. FUNERAL DIRECTOR <i>Hoffmeister Colonial Mortuary</i> ADDRESS		25. DATE RECD. BY LOCAL REG. <i>6/21/58</i>	26. REGISTRAR'S SIGNATURE <i>Herbert R. Donker MD</i>		
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6464 Chippewa, St. Louis (Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Dr. Nestor

5600 S Compton

FL 1-33-83

Fri 12-4 p.m.

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 *Louis C. Hoffman*

Licensed Embalmer No. 38

P. O. Address 7814

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.