

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034669
STATE FILE NUMBER

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

FILED OCT 3 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8907

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis MO</i>		c. CITY OR TOWN <i>St. Louis</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>38 100 to 17th St</i>		d. STREET ADDRESS (If outside, give location) <i>222 1534 Market</i>	
3. NAME OF DECEASED <i>HAROLD COURTNEY SCHEDEL</i>		4. DATE OF DEATH <i>8 Nov 58</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>10 7 1900</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>CLERK</i>	9b. KIND OF BUSINESS OR INDUSTRY <i>CLERK</i>	11. BIRTHPLACE (City and state or country) <i>IL</i>	12. CITIZEN OF WHAT COUNTRY? <i>UNK.</i>
13. FATHER'S NAME <i>Wm. J. Kelly</i>		14. MOTHER'S MAIDEN NAME <i>Edith E. Kelly</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) (If yes, give way and date of service)		16. SOCIAL SECURITY NO. <i>111-1-1061408-500</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Arterio Sclerotic Heart Disease</i> DUE TO (c) <i>M. I.</i>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <i>420.0</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>10/6/58</i> to <i>10/8/58</i> and last saw her alive on <i>10/8/58</i> . Death occurred at <i>10/8/58</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Jama M. Kelly</i> (Degree or title) <i>Proprietor</i>		22b. ADDRESS <i>1300 Clark</i>	22c. DATE SIGNED <i>9-9-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>	23b. DATE <i>9-17-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Lebanon Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis Co., Mo.</i>
24. FUNERAL DIRECTOR <i>Albert H. Hoppe</i> ADDRESS <i>4700 Washington</i>		25. DATE RECD. BY LOCAL REG. <i>SEP 16 '58</i>	26. REGISTRAR'S SIGNATURE <i>J. Charles Smith</i>

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Not embalmed
Signed.....
Licensed Embalmer No.....

P. O. Address.....

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