

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042213

STATE FILE NUMBER

FILED DEC 9 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11280

S. 300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Illinois</i> b. COUNTY <i>Washington</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS, MISSOURI</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Nashville 812g</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>BARNES HOSPITAL</i>		Length of stay in 1b <i>4 days</i>	d. STREET ADDRESS (If outside, give location) <i>32 209 W. Lebanon St.</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>ALVIN,</i> Middle <i>WILLIAM</i> Last <i>SCHNAKE</i>			4. DATE OF DEATH Month <i>NOVEMBER</i> Day <i>19,</i> Year <i>1958</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Apr. 2. 1886</i>		9. AGE (In years last birthday) <i>72</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming (General)</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Retired Farmer</i>		11. BIRTHPLACE (City and state or country) <i>Irvington Ill.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>August H. Schnake</i>			
13b. MOTHER'S MAIDEN NAME <i>Elizabeth J. Patty</i>		14. NAME OF HUSBAND OR WIFE <i>Mabel</i>			
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 <i>Mabel Schnake, 209 W. Lebanon</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) <i>acute myocardial infarct El Coronary Disease</i>					INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) <i>general arterial sclerosis</i>					<i>20 yrs.</i>
DUE TO (c) <i>diabetes mellitus 260X</i>					<i>25 yrs.</i>
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"/>
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 <input type="checkbox"/> Month, Day, Year <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>					
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>NOVEMBER 15, 1958</i> , to <i>NOVEMBER 19, 1958</i> and last saw her/him alive on <i>NOVEMBER 19, 1958</i> Death occurred at <i>10:15 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Louis J. Patton</i> (Degree or title) <i>M.D.</i>			22b. ADDRESS <i>BARNES HOSPITAL</i>		22c. DATE SIGNED <i>11-19-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>Nov. 22. 58</i>	23c. NAME OF CEMETERY OR CREMATORIAL <i>Richview</i>		23d. LOCATION (City, town, or county) (State) <i>Richview Ill.</i>
24. FUNERAL DIRECTOR <i>J. T. Mann</i> ADDRESS <i>Nashville Ill.</i>		25. DATE RECD. BY LOCAL REG. <i>NOV 24 58</i>		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>	

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, J. Mann, Student Embalmer No. 5040 working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. Mann

Licensed Embalmer No. 5040

P. O. Address Mesquite, D.

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.