

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-042570

STATE FILE NUMBER

FILED DEC 10 1958

Registration District No. 312 Primary Registration District No. 541 Registrar's No. 3/20

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1-57

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All diseases in Part I must be causally related.  
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Clayton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>University City 4346</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Louis County Hosp. DOA</b>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <b>7133 Washington Avenue</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>CHARLES EDWARD SCHALL</b>			4. DATE OF DEATH Month Day Year <b>November 28th, 1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>1882</b> <b>July 14th, 1882</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Dist. Mgr. J. Hungerford Smith Supplies</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Edward J. Schall</b>		13b. MOTHER'S MAIDEN NAME <b>UNK Flori</b>	14. NAME OF HUSBAND OR WIFE <b>Edna Preiss Schall</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No None</b>		16. SOCIAL SECURITY NO. <b>494-36-6425</b>	17. INFORMANT Address <b>Mrs. Edna Preiss Schall 7133 Washington</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute myocardial infarction due to arteriosclerotic coronary occlusion</b> DUE TO (b) <b>Generalized arteriosclerosis</b> DUE TO (c) <b>4201</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) <b>Arteriosclerotic cardiovascular disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b> <b>2 years</b>
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.) <b>ITEM 8,9 1-28 CORRECTED</b>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		BY: 1. AFFIDAVIT OF Informant 2. DOCUMENT <b>St. Louis Birth Cert. # 4871</b>	
20d. INJURY OCCURRED WHILE AT <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 <b>Dec. 20, 1956</b> to <b>Nov. 28, 1958</b> and last saw her/him alive on <b>Nov. 13, 1958</b> Death occurred at <b>3:30 p.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>J. J. Roth</b>		22b. ADDRESS <b>M.D. Missouri Theater Building</b>	22c. DATE SIGNED <b>11/29/1958</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Entombment</b>	23b. DATE <b>12/1/1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Mausoleum</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>C. R. LUPTON &amp; SONS 8233 Delmar Blvd.</b>		25. DATE RECD. BY LOCAL REG. <b>11-29-58</b>	26. REGISTRAR'S SIGNATURE <b>Herbert B. Donahue</b>

APR 8 1959

Jefferson 3-27-69  
4:30 to 11:30

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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*  
P. O. Address *St. Louis, Mo.*

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.