

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 19 1960

-60-040201

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9804

NDED

1. PLACE OF DEATH a. COUNTY St Louis				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MO b. COUNTY St Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) St Louis			Length of stay in 1b 1 DAY	c. CITY OR TOWN FLORISSANT		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JEWISH HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 13145 ROUTE 67.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Phillip Middle H. Last SCHLOT				4. DATE OF DEATH Month Oct. Day 9. Year 1960			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-25-95	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FOOD RETAILER		10b. KIND OF BUSINESS OR INDUSTRY RESTAURANT		11. BIRTHPLACE (City and state or country) Chicago Ill		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME T. J. SCHLOT			13b. MOTHER'S MAIDEN NAME FORBASA		14. NAME OF HUSBAND OR WIFE ALICE SCHLOT.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN			16. SOCIAL SECURITY NO. 323-16-0772	17. INFORMANT Address ALICE SCHLOT. Florissant MO.			
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 aneurysm DUE TO (b) cerebral artery occlusion DUE TO (c) myocardial infarction 332x PART II. OTHER SIGNIFICANT CONDITIONS/CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 3 a.m. p.m. Month, Day, Year.							
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 10/7/60 to 10/8/60 and last saw her/him alive on 10/8/60 Death occurred at 2:30 A.M. 10/9/60 m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) W. Wilson MD				22b. ADDRESS 2359 Chambers Rd		22c. DATE SIGNED 10/10/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 10-9-60	23c. NAME OF CEMETERY OR CREMATORY Upper Alton Cemetery		23d. LOCATION (City, town, or county) ALTON ILL		(State)	
24. FUNERAL DIRECTOR Ralph GENT			ADDRESS 2409 STATE ALTON ILL	25. DATE RECD. BY LOCAL REG. OCT 10 1960	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *Not Embalmed*
J. Hampton Jr. - St. Louis

Licensed Embalmer No. _____

P. O. Address _____

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.