

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH - 348 1003 8162 -61-034909

DEPARTMENT OF PUBLIC HEALTH AND WELFARE Registration District No. Primary Registration District No. Registrar's No. STATE FILE NUMBER

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

AMENDED
 FILED SEP 18 1961

1. PLACE OF DEATH
 a. COUNTY Mo.
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay, in 1b 1 Yr.
 c. CITY OR TOWN St. Louis Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 3924 Cleveland Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived). If institution: Residence before admission)
 a. STATE Mo. b. COUNTY.

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
 Mary Rhoda Schoene Sept. 1, 1961

5. SEX Female 6. COLOR OR RACE White 7. Married: Never Married: Widowed: Divorced: 8. DATE OF BIRTH: 10-2-1879 9. AGE (last birthday): 81 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Duties 10b. KIND OF BUSINESS OR INDUSTRY House Work 11. BIRTHPLACE (City and state or country) Dardenne, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Casper Schoene 13b. MOTHER'S MAIDEN NAME Josephine Freymuth 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None 16. SOCIAL SECURITY NO. None 17. INFORMANT: 3924 Cleveland Address Miss. Eva Schoene St. Louis, 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) Congestive heart failure
 (b) arteriosclerosis
 (c) 4500
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 DUE TO (b) DUE TO (c)
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown
 INTERVAL BETWEEN ONSET AND DEATH 4-5 yrs

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 March 10, 1961 to Sept 1, 1961 and last saw her/him alive on August 28, 1961
 Death occurred at _____ a _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles M. Mellie D.O. 22b. ADDRESS 3823 N. 20th 22c. DATE SIGNED 9/1/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 9-4-1961 23c. NAME OF CEMETERY OR CREMATORY Immaculat Conception 23d. LOCATION (City, town, or county) Dardenne, Missouri

24. FUNERAL DIRECTOR T.E. Pitman Funeral Home 25. DATE RECD. BY LOCAL REG. SEP 2 1961 REGISTRAR'S SIGNATURE Heart Smith, M.D.

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 Stanley Dixon *Stanley H. Dixon*

Licensed Embalmer No. 4193

P. O. Address St. Louis

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.