

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045373

STATE FILE NUMBER

Registration District No. 169 Primary Registration District No. _____ Registrar's No. 44

AMENDED

1. PLACE OF DEATH a. COUNTY Knox b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Edina c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _____		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Knox c. CITY OR TOWN Edina Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Lawrence Bernard Schlepphorst			4. DATE OF DEATH Month Day Year Dec. 18, 1961
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-16-1900
9. AGE (last birthday) 61		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY Own Shop	11. BIRTHPLACE (City and state or country) Edina, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME John H. Schlepphorst	13b. MOTHER'S MAIDEN NAME Elizabeth Zurborg
14. NAME OF HUSBAND OR WIFE Catherine (Riley)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	17. INFORMANT Address Mrs. Catherine Schlepphorst Edina, 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) Myocardial infarction recent DUE TO (b) Arteriosclerotic heart disease gr. I. DUE TO (c) Generalized arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 1 day. 1 yr. 6 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) cholecystitis chronic			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 _____			
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 April 18th 1955 to see 18th 1961 and last saw her alive on see 17th 1961 Death occurred at 6:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Francis Tawryglas M.D.		22b. ADDRESS Edina Missouri	22c. DATE SIGNED Dec 20th 1961
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-21-1961	23c. NAME OF CEMETERY OR CREMATORY St. Joseph	23d. LOCATION (City, town, or county) (State) Edina, Mo.
24. FUNERAL DIRECTOR ADDRESS Kriegshauser Bros. Edina, Mo.		25. DATE RECD. BY LOCAL REG. Dec-20-1961	26. REGISTRAR'S SIGNATURE Neil S. Hummel

DATE AMENDED

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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 Paul C. Kieghausen

Licensed Embalmer No. 4085

P. O. Address Edina 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.