

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-046830

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

DEATH SHOULD BE MADE

318 Primary Registration District No. 1003 Registrar's No. 11439

FILED DEC 18 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS</i>		c. CITY OR TOWN <i>ST. LOUIS</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>MARIAN HOSPITAL</i>		d. STREET ADDRESS (If outside, give location) <i>1031² LAMI ST.</i>	
3. NAME OF DECEASED (Type or print) First <i>ALMA</i> Middle <i>SCHIELE</i> Last		4. DATE OF DEATH Month <i>DEC</i> Day <i>5</i> Year <i>1961</i>	
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>AUG 19 1893</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>BOX MAKER SCHLEICHER BOX CO</i>		11. BIRTHPLACE (City and state or country) <i>MISSOURI</i>	12. CITIZEN OF WHAT COUNTRY <i>U-S-A</i>
13a. FATHER'S NAME <i>JOHN SCHIELE</i>		13b. MOTHER'S MAIDEN NAME <i>SOPHIE BALVIN</i>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>		17. INFORMANT <i>ROSE SCHIELE 1031² LAMI ST</i>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cirrhosis of liver</i> DUE TO (b) _____ DUE TO (c) <i>581.0</i>			INTERVAL BETWEEN ONSET AND DEATH <i>3 months</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Ascites of abdomen 3 liters, marked Pulmonary edema, Left Ventricular hypertrophy, Penetrating Duodenal Ulcer</i>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <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 _____ 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 <i>December 4, 1961</i> to <i>Dec 5, 1961</i> and last saw her <i>alive</i> on <i>December 4, 1961</i> Death occurred at <i>3 P. m</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Leroy E. Ellison M.D.</i>		22b. ADDRESS <i>3610 La Broadway St Louis Mo</i>	
22c. DATE SIGNED <i>12-7-61</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		23b. DATE <i>DEC 9 1961</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>ST. PETER + PAUL CEM</i>		23d. LOCATION (City, town, or county) (State) <i>ST. LOUIS MO</i>	
24. FUNERAL DIRECTOR <i>Thomas Kutis 2906 Gravois</i>		25. DATE RECD. BY LOCAL REG. <i>DEC 8 1961</i>	
		26. REGISTRAR'S SIGNATURE <i>Paul Smith. M.D.</i>	

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Part of of Answer

12-4-1911

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 Boyle Thompson

Licensed Embalmer No. 4861

P. O. Address Wagon 5, me

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.