

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-022760
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1394

FILED MAY 27 1963

1. PLACE OF DEATH
 COUNTY St. Louis
 CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton Length of stay in lb D.O.A.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri COUNTY St. Charles
 c. CITY OR TOWN Weldon Springs Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Reside on Farm
Dardenne Twsp., Rural Yes No

3. NAME OF DECEASED First Middle Last
Harold R. Schone

4. DATE OF DEATH Month Day Year
April 25, 1963

5. SEX Male **6. COLOR OR RACE** White **7. Married** **Never Married**
Widowed **Divorced**

8. DATE OF BIRTH Dec. 19, 1937 **9. AGE (last birthday)** 25 **IF UNDER 1 YEAR** Months 4 Days 6 **IF UNDER 24 HR** Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver **10b. KIND OF BUSINESS OR INDUSTRY** Trucking Ind. **11. BIRTHPLACE** (City and state or country) St. Louis County, Mo. **12. CITIZEN OF WHAT COUNTRY** U.S.A.

13a. FATHER'S NAME Harvey Schone **13b. MOTHER'S MAIDEN NAME** Geneva Kuchler **14. NAME OF HUSBAND OR WIFE** Hazel Dorlaque

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No **16. SOCIAL SECURITY NO.** **17. INFORMANT** Address Mrs. Hazel Schone, Weldon Springs, Mo

18. CAUSE OF DEATH (Enter only one cause per line)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Drowning **INTERVAL BETWEEN ONSET AND DEATH**

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

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.) Drowning

20c. TIME OF INJURY Hour 8:34 Minute XXXX Month 3 Day 17 Year 63
Body recovered 9:30 P.M. 4/25/63 in St. Louis County, Mo.

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.) Missouri River (jumped from Old Bridge) **20f. CITY, TOWN, OR LOCATION** St. Charles Missouri

21. I attended the deceased from _____ **and last saw her** _____ **alive on** _____
 Death occurred at _____ **on the date stated above, and to the best of my knowledge, from the causes stated.**

22a. SIGNATURE (Degree or title) Raymond H. Harris **22b. ADDRESS** Clayton, Missouri **22c. DATE SIGNED** 5/6/63

23a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal **23b. DATE** Apr. 29, 1963 **23c. NAME OF CEMETERY OR CREMATORY** Oak Grove Cemetery **23d. LOCATION** (City, town, or county) (State). St. Charles, Mo.

24. FUNERAL DIRECTOR ADDRESS H.C. Dallmeyer & Sons, St. Charles, Mo. **25. DATE RECD. BY LOCAL REG.** 4-27-63 **26. REGISTRAR'S SIGNATURE** John B. Murphy

DO NOT WRITE ON THIS STUB

AMENDED

DATE AMENDED

VS 300 Rev. 4/59

1 4002

2 0920

3 2

4 0

5 1

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7 0

8 2

9 9298

10 42

11 092

12 92-3

13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~embalmed by~~,
NOT EMBALMED
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Charles J. Macke*

Licensed Embalmer No. *4530*

P. O. Address *St. Charles, 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.