

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11391

State File No.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

2124

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis, Mo.		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis,		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital				STREET ADDRESS (If rural, give location) 16 3205 Arsenal St. 216 b			
3. NAME OF DECEASED (Type or Print) a. (First) Herman		b. (Middle) Frederick		c. (Last) Schuenke		4. DATE OF DEATH (Month) (Day) (Year) Feb. 27, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 21, 1880		9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Mine Worker		11. BIRTHPLACE (City and State or Foreign Country) Mount Olive, Illinois,		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Julius Schuenke			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND/OR WIFE Pauline Schuenke		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No.		16. SOCIAL SECURITY NO. 490-12-7045A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pauline Schuenke, 3205 Arsenal St.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arterio stenosis with acute dilatation of heart.</i> ANTECEDENT CAUSES: <i>Morbid conditions if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ OTHER SIGNIFICANT CONDITIONS: <i>Cerebral Thrombosis</i> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <i>Unknown</i> <i>1 day.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 421.1		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2-26</u> , 19 <u>56</u> , to <u>2-27</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2-27</u> , 19 <u>56</u> , and that death occurred at <u>5:30a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <i>R. Engleman MD</i>				23b. ADDRESS <i>St. Louis Mo.</i>		23c. DATE SIGNED <i>2/27/56</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-27-56	24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Miners Cem.		24d. LOCATION (City, town, or county) (State) Mt. Olive, Illinois,		
DATE REC'D BY LOCAL REG. FEB 28 1956		REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington,			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Robert M. Murray*
Licensed Embalmer No. *31*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.