

S. No. 300  
V. 10.48

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11069  
State File No. 2438  
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 100	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 township) TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) TOWN St. Louis		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lutheran Convalescent Home		d. STREET ADDRESS (If rural, give location) 23 - 2302 Menard - prior to Luth. Home		
3. NAME OF DECEASED (Type or Print) Emma Schulze		a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) March 12, 1950				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 15, 1871	9. AGE (In years last birthday) 78 10. MONTHS 7 11. DAYS 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Invalid - 11 yrs		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Antonio, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.				
13a. FATHER'S NAME Unknown Fabry		13b. MOTHER'S MAIDEN NAME Entirely Unknown		14. NAME OF HUSBAND OR WIFE Ludwig Schulze
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Florence Rueckert, 3702a Oregon
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Chronic Myocarditis 3 yrs</u>  DUE TO (b)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 340
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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) 4221
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>July 13, 1950</u> to <u>March 12, 1950</u> , that I last saw the deceased alive on <u>March 12, 1950</u> , and that death occurred at <u>8:00 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>W. A. DeLoe</u>		23b. ADDRESS <u>424 Bravous</u>		23c. DATE SIGNED <u>3/10/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 15, 1950	24c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
DATE REC'D BY LOCAL REG. MAR 14 1950		REGISTRAR'S SIGNATURE <u>J. B. Farater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden Funeral Home, 1936 St. Louis

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

(Licensed Embalmer's Statement on Reverse Side)

Dr. Walter Polking  
4724 Bureau  
11:30 - 1

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 \_\_\_\_\_  
Student Embalmer

Signed Max L. Waifel

Licensed Embalmer No. 4170

P. O. Address 1936 St. Louis Ave

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 this body is not embalmed, fact should be so stated above.