

FILED NOV 3 1950 STANDARD CERTIFICATE OF DEATH

35314  
State File No. 9059  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		b. COUNTY	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) 2 TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5020 Milentz Ave.		d. STREET ADDRESS (If rural, give location) 5020 Milentz Ave.	

3. NAME OF DECEASED (Type or Print) MATHILDA A. SCHULTES			4. DATE OF DEATH (Month) (Day) (Year) Oct. 25 1950		
a. (First)		b. (Middle)		c. (Last)	

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH June 22, 1874	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Perry County, Mo.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Bernard Coab	13b. MOTHER'S MAIDEN NAME Catherine Braun	14. NAME OF HUSBAND OR WIFE Late John A. Schultes
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Irene McGilligan	ADDRESS 5020 Milentz Ave.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ch. Coronary Arteriosclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ch. Hypertension DUE TO (c) Retinal hemorrhage		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201
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22. I hereby certify that I attended the deceased from Jan 10, 1874, to Oct. 25, 1950, that I last saw the deceased alive on Oct. 25, 1950, and that death occurred at 1:15 a.m., from the causes and on the date stated above.

23. SIGNATURE M. D. W. Herchheimer	(Degree or title)	23b. ADDRESS 5008 Broadway	23c. DATE SIGNED 10/25/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 27, 1950	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
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DATE REC'D BY LOCAL REG. OCT 25 1950	REGISTRAR'S SIGNATURE J. B. Janssen	25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser	ADDRESS 4228 S. Kingshighway Bl.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 embalmed by me, or by.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *William B White*.....

Licensed Embalmer No. *4291*.....

P. O. Address *4228 Le King Highway*.....

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.