

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

State File No. 10603
1982
Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. 1003		State File No. 10603		1982		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE b. COUNTY						
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		2239				
d. FULL NAME OF HOSPITAL OR INSTITUTION 1317 S. COMPTON				12. STREET ADDRESS (If rural, give location) 2856 RUSSELL BLV						
3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) E. c. (Last) SCHULTE			4. DATE OF DEATH (Month) (Day) (Year) Feb 28-51			5. SEX FE			6. COLOR OR RACE W.	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W		8. DATE OF BIRTH 7-14-1878		9. AGE (In years last birthday) 72 yrs		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) N/A		10b. KIND OF BUSINESS OR INDUSTRY		
10a.			11. BIRTHPLACE (State or foreign country) St. Louis Mo			12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME John POWERS			13b. MOTHER'S MAIDEN NAME Elizabeth Weaver			14. NAME OF HUSBAND OR WIFE DR. F.A. SCHULTE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Edna L. Rector 1317 S. Compton Ave					
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, ashenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Failure</u> ANTECEDENT CAUSES MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>Hypertensive Arteriosclerosis</u>						INTERVAL BETWEEN ONSET AND DEATH 1 month 1 yr. 1 yr.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? H2000		22. I hereby certify that I attended the deceased from <u>Jan 11</u> , 1951, to <u>FEB 25</u> , 1951, that I last saw the deceased alive on <u>FEB 25</u> , 1951, and that death occurred at <u>2 A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>James V. Murphy, M.D.</u>				23b. ADDRESS 607 N. Grand St. Louis 3, Mo		23c. DATE SIGNED 2-25-51				
24a. BURLIAL CREMATION-REMOVAL (Specify) BURIAL		24b. DATE March 3-5		24c. NAME OF CEMETERY OR CREMATORY CALVARY Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Mo				
DATE REC'D BY LOCAL REGISTRAR MAR 1 1951		REGISTRAR'S SIGNATURE J. B. Lassiter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schurer 3125 Lafayette St.						

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

2/10/14

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 *Joe B. Hollmer*.....

Licensed Embalmer No. *41014*.....

P. O. Address *3125 Lafayette*.....

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.