

FILED OCT 10 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31214

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 300 PRIMARY REG. DIST. NO. 6042 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>St Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>O'Fallon</u> <u>Cuirre</u> <u>Lite</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>O'Fallon</u> <u>Mo</u> <u>Tural</u> <u>D</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/>		d. STREET ADDRESS (If rural, give location) <u>4 1/2 mi west of O'Fallon</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Magdalena</u> c. (Last) <u>Schulte</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 15 1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Jan 2 1904</u>	9. AGE (In years last birthday) <u>47</u>	if UNDER 1 YEAR Months <u>8</u> Days <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nursing</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>O'Fallon Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>Karl F. Schulte</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Fadner</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Adam Schulte O'Fallon Mo</u>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Uterus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.		

19a. DATE OF OPERATION <u>Nov 75-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma</u>		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) <u>174X</u>	
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 Sept 1, 1951, to Sept 14, 1951, that I last saw the deceased alive on Sept 14, 1951, and that death occurred at a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Opelle W. Arsee M.D.</u>		23b. ADDRESS <u>Wentzville Mo</u>		23c. DATE SIGNED <u>9-17-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 18-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Immaculate Conception</u>	
24d. LOCATION (City, town, or county) (State) <u>Dardenne</u> <u>Mo</u>					

DATE REC'D BY LOCAL REG. <u>Sept 29 1951</u>		REGISTRAR'S SIGNATURE <u>Mark P. [Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>T. E. Patman Funeral Home</u> <u>Wentzville Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

OCT 6 1951

RECEIVED

OCT 10 1951

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 *Annetta M. Pittman*

Licensed Embalmer No. *3055*

P. O. Address *Wentzville, 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 this body is not embalmed, fact should be so stated above.