

FILED OCT 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31834

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8274**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <i>St. Louis, Missouri</i>)	c. LENGTH OF STAY (in this place) <i>township</i>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i> <i>2069</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis City Hospital #1</i>		d. STREET ADDRESS (If rural, give location) <i>1411 WALTON</i>	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <i>RICHARD</i>	b. (Middle)	c. (Last) <i>SCHUELER</i>	(Month) <i>SEPT.</i> (Day) <i>16</i> (Year) <i>1951</i>

5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>DIVORCED</i>	8. DATE OF BIRTH <i>MAY 10, 1878</i>	9. AGE (In years last birthday) <i>73</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 60 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Receiving Clerk</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>IRON WORKS</i>	11. BIRTHPLACE (State or foreign country) <i>Germany</i>	12. CITIZEN OF WHAT COUNTRY? <i>4</i>
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13a. FATHER'S NAME <i>UNKNOWN</i>	13b. MOTHER'S MAIDEN NAME <i>UNKNOWN</i>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No.</i>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>RICHARD SCHUELER-7544 Chandler</i>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <i>LEFT CEREBRAL ARTERY THROMBOSIS</i>		
	ANTECEDENT CAUSES DUE TO (b) <i>ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE</i> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>PSYCHOSIS & CEREBRAL ARTERIO SCLEROSIS</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>H221</i>
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22. I hereby certify that I attended the deceased from *8-25-51*, 19___, to *9-16-51*, 19___, that I last saw the deceased alive on *9-16-51*, 19___, and that death occurred at *2:15A* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Wm N. Schmidt - M.D.</i>	23b. ADDRESS <i>1515 Lafayette Avenue</i>	23c. DATE SIGNED <i>9-17-51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>9-19-51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>St. Peters</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Co - Mo.</i>
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DATE REC'D BY LOCAL REG. <i>SEP 19 1951</i>	REGISTRAR'S SIGNATURE <i>Carl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>J. J. Quinn</i>	ADDRESS <i>1389 1/2 near</i>
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MRS (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Ben Hoffmann*

Licensed Embalmer No. *4366*

P. O. Address *St Louis, 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.

16 5381 ... P. H. F.