

FILED DEC 15 1957

STANDARD CERTIFICATE OF DEATH

State File No. 38543

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 236	
1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Mo. b. COUNTY St. Charles			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. LENGTH OF STAY (In this place) 1 hr.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN O'Fallon		0923	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph HOSPITAL				d. STREET ADDRESS (If rural, give location) -----			
3. NAME OF DECEASED (Type or Print), a. (First) Lizzie			b. (Middle) ---		c. (Last) Schulte		4. DATE OF DEATH (Month) (Day) (Year) Nov. 29 1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 11 1951 1881		9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY House wife		11. BIRTHPLACE (State or foreign country) Dardenne Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joe Magel		13b. MOTHER'S MAIDEN NAME Mueller		14. NAME OF HUSBAND OR WIFE Frank Schulte			
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. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank Schulte O'Fallon Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Decomposition ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial infarction DUE TO (c) Generalized Cardiovascular II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				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?			
22. I hereby certify that I attended the deceased from July, 1950, to Nov 29, 1957, that I last saw the deceased alive on Nov 29, 1957, and that death occurred at 12:30 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) George R. Asaah, M.D.				23b. ADDRESS O'Fallon, Mo.		23c. DATE SIGNED 12-1-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 1 1951	24c. NAME OF CEMETERY OR CREMATORY Immaculate Conception Dardenne		24d. LOCATION (City, town, or county) (State) Mo.		
DATE REC'D BY LOCAL REG. 12-6-51		REGISTRAR'S SIGNATURE Francis Heston		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ed Kerthy O'Fallon Mo.			

File No. _____

DISTRICT HEALTH OFFICE No. 4

DEC 8 1951

RECEIVED

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

E. Keithly

Licensed Embalmer No. _____

877

P. O. Address _____

Fallow 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.