

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39699

State File No. 10961

FILED DEC 15 1951

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>ST CHAR</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, MISSOURI</u>		c. LENGTH OF STAY (In this place) <u>8 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL SMITHTON U 930</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>R R #1 BELLEVILLE 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ADOLPH</u> b. (Middle) <u>C.</u> c. (Last) <u>SCHUSTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 11 51</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>12-30-1897</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AGRICULTURE</u>		11. BIRTHPLACE (State or foreign country) <u>ILLINOIS 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JACOB SCHUSTER</u>			13b. MOTHER'S MAIDEN NAME <u>MARY MAIER</u>		14. NAME OF HUSBAND OR WIFE <u>OLGA SCHUSTER</u>		
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. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Olga Schuster</u>		ADDRESS <u>Belleville Ill</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>? CEREBRAL EMBOLUS</u> ANTECEDENT CAUSES DUE TO (b) <u>? MYOCARDIAL INFARCT</u> DUE TO (c) <u>RHEUMATIC HEART DISEASE</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Couple hours</u> <u>16 hours</u> <u>30 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H16X</u>			
22. I hereby certify that I attended the deceased from <u>12/3</u> , 19 <u>51</u> , to <u>12/11</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12/11</u> , 19 <u>51</u> , and that death occurred at <u>5:35 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>F. R. Bradley M.D.</u>				23b. ADDRESS <u>BARNES HOSPITAL</u>		23c. DATE SIGNED <u>12/11/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5-12-13-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>VAL HALLA</u>		24d. LOCATION (City, town, or county) (State) <u>BELLEVILLE 106.</u>	
DATE REC'D BY LOCAL REG. <u>DEC 1 1951</u>		REGISTRAR'S SIGNATURE <u>Earl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Got Renner</u>		ADDRESS <u>BELLEVILLE 166.</u>	

WRITE PLAINLY—USING UNFADING 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 _____

not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Geo Renner

Licensed Embalmer No. *314*

P. O. Address *Belleville Ill*

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.