

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3963

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>32</u>	PRIMARY REG. DIST. NO. <u>5712</u>	Registrar's No. <u>13</u>
1. PLACE OF DEATH a. COUNTY <u>Bollinger.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri,</u> b. COUNTY <u>Bollinger</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lorraine,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lorraine Township 0090</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lutesville, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Bollinger, Mo.</u>		
3. NAME OF DECEASED (Type or Print) <u>John</u>		a. (First)	b. (Middle)	c. (Last) <u>Schuh</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>2 - 8 - 52</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3-6-1893</u>	9. AGE (In years last birthday) <u>58</u> IF UNDER 1 YEAR: Months <u>11</u> Days <u>1</u> IF UNDER 100 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Falstaff Brewery,</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Brewery</u>		11. BIRTHPLACE (State or foreign country) <u>Austria Europe, 4</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>John Schuh, Sr,</u>		13b. MOTHER'S MAIDEN NAME <u>Theresa Glatz,</u>		14. NAME OF HUSBAND OR WIFE <u>Theresa Huterer,</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>493-01-5763</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs John Schuh, 8507 Michigan, Ave, 85, Louis, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Repeated coronary thromboses</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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>4201</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased <u>March 2/9</u> , 19 <u>52</u> , and that death occurred at <u>11</u> a.m., from the causes and on the date stated above.				
23a. SIGNATURE <u>John J. Myers M.D.</u>		23b. ADDRESS <u>Lutesville Mo</u>		23c. DATE SIGNED <u>2/9/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Feb. 12, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>3700 Mt. Olive Road</u>				
DATE REC'D BY LOCAL REG. <u>Feb 13, 1952</u>		REGISTRAR'S SIGNATURE <u>Kellie Ann Newburgh</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Hoffmeister U. & L. Co. 7814 S. Broadway</u>

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

working under my personal supervision.

Student Embalmer No.....

Signed..... *Howard B. Haman*

Signed.....
Student Embalmer

Licensed Embalmer No. *4122*

P. O. Address. *Cape Girardeau, 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.