

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18524

FILED JUN 6 1952

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4409

1. PLACE OF DEATH a. COUNTY <i>St. Louis, Mo.</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>	
b. CITY (if outside corporate limits, write RURAL and give township) <i>St. Louis</i>	c. LENGTH OF STAY (In this place)	c. CITY (if outside corporate limits, write RURAL and give township) <i>St. Louis</i>	d. STREET ADDRESS (If rural, give location) <i>4010 Tholozan</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis Children's Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>4010 Tholozan</i>	

3. NAME OF DECEASED (Type or Print) <i>ROBERT LESLIE SCHUSTER</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>5-10-52</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>8-29-48</i>	9. AGE (In years last birthday) <i>3 yrs</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>St. Louis, Missouri</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>					

13a. FATHER'S NAME <i>William Leslie Schuster</i>	13b. MOTHER'S MAIDEN NAME <i>Ruth E. Weber</i>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>J. Young</i>	ADDRESS <i>500 St. Kingshighway</i>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>bilateral pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH
	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. <i>Progressive cerebral sclerosis</i>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>system degeneration with hypotonia</i>		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? <i>493 X</i>

22. I hereby certify that I attended the deceased from *5-5-1952*, to *5-10-1952*, that I last saw the deceased alive on *5-10-1952*, and that death occurred at *9:43 pm.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Don L. Shuster M.D.</i>	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>5-13-52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Lakewood Park</i>	24d. LOCATION (City, town, or county), (State) <i>St. Louis 23, Mo.</i>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>MAY 12 1952</i> <i>J. Carl Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Southern Funeral Home</i> <i>6322 S. Grand Bly.</i>	ADDRESS
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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*David Lee Johnson*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4242

P. O. Address: 6322 So Grand

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.