

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33408**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8954**

RUE OCT 4 1952

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 4 weeks		d. STREET ADDRESS (If rural, give location) 24 2632a Wyoming	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin DeLoge		3. NAME OF DECEASED a. (First) Rose b. (Middle) T. c. (Last) Schulz	
4. DATE OF DEATH Sept 23 1952		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH Aug. 6, 1892		9. AGE (in years last birthday) Months Days 60 1 17	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Typeist Bookkeeping		10b. KIND OF BUSINESS OR INDUSTRY Office	
11. BIRTHPLACE (City and State or Foreign Country) Warsaw, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Edward Schulz		13b. MOTHER'S MAIDEN NAME Mary Kunzman	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. 488-05-7839		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Richard C. Hill 2632a Wyoming St.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Carcinoma of Pelvis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Primary site Undetermined II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input 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? 1991		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:30 P m., from the causes and on the date stated above.	
23a. SIGNATURE Bernard H. Geivity, M.D.		23b. ADDRESS 16 Hampton Village Plaza	
23c. DATE SIGNED 9/25/52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 9/26/52		24c. NAME OF CEMETERY OR CREMATORY Calvary Cem	
24d. LOCATION (City, town, or county) (State) St. Louis Mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John H. Gebken Sons 2630 Gravois	
DATE REC'D BY LOCAL REG. SEP 26 1952		REGISTRAR'S SIGNATURE [Signature]	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois

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.