

No. 300
10-28

OCT 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37142

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 2693

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Overland</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Overland</u>	
c. LENGTH OF STAY (In this place) <u>19 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>2733 Annapolis Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2733 Annapolis Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>2733 Annapolis Ave.</u>	

423X
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3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u> b. (Middle) <u>Gerhard</u> c. (Last) <u>Schulte</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 17 1952</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>Sept. 29, 1889</u>	9. AGE (In years last birthday) <u>63</u>	10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance-man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Washington Univ.</u>		11. BIRTHPLACE (State or foreign country) <u>Creve Coeur, Mo.</u>	

13a. FATHER'S NAME <u>William Schulte</u>	13b. MOTHER'S MAIDEN NAME <u>Charlotte Wiede</u>	14. NAME OF HUSBAND OR WIFE <u>Doris E. Schulte</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>W.W.#1 489-16-4992</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Doris E. Schulte</u>	18. ADDRESS <u>2733 Annapolis, Overland, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aortic regurgitation - Valvular heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>40-54yo.</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatic fever</u>		
		DUE TO (c) _____		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>411X</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from _____, 1951, to _____, 1952, that I last saw the deceased alive on October, 1952, and that death occurred at 2:20 A.m., from the causes and on the date stated above.

23a. SIGNATURE <u>S. Rawl M.D.</u> (Degree or title)	23b. ADDRESS <u>Overland, Mo.</u>	23c. DATE SIGNED <u>10-17-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-20-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Lebanon Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wellston, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-18-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Baumann Bros., Inc.</u>	ADDRESS <u>2501 Woodson Bg - Overland, Mo.</u>
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5211 Licensed Embalmer's Statement on Reverse Side

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

3418 Dr. Gricks
1/10/18

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Owlsdale 17 Pa

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.