

FILED JUN 5 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19880**  
Registrar's No. **5078**

318 PRIMARY REG. DIST. NO. 1003

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				b. COUNTY							
b. CITY (If outside corporate limits, write RURAL and give OR TOWN)				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN				d. STREET ADDRESS (If rural, give location)							
c. LENGTH OF STAY (In this place) OR TOWN				Mo. St. Louis				Overland 426 X							
d. FULL NAME OF HOSPITAL OR INSTITUTION				Christian Hospital				9224 Seneca Lane							
3. NAME OF DECEASED (Type or Print)			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year)			
Catherine Schuette												May 18 1953			
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HRS.			
Female		White		Married		Dec. 9, 1910		42		Months		Days			
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)				12. CITIZEN OF WHAT COUNTRY?			
Housewife				Own Home				St. Louis				U. S. A.			
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE							
Martineau				Unknown				Bernard Schuette							
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.				17. INFORMANT'S SIGNATURE OR NAME				ADDRESS			
no				492-16-8326				Bernard Schuette				9224 Seneca Lane			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)												INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Portal Cirrhosis															
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.															
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 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?											
				5810											
22. I hereby certify that I attended the deceased from May 11, 1953, to May 18, 1953, that I last saw the deceased alive on May 18, 1953, and that death occurred at 3:59 P. M., from the causes and on the date stated above.															
23a. SIGNATURE (Degree or title)						23b. ADDRESS				23c. DATE SIGNED					
S. Kraus, M. D.						Overland, Mo.				5-19-53					
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county)		(State)							
Removal		May 21, 1953		St. Mary's		Bridgton		Mo.							
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS									
MAY 20 1953		Carl Smith M.D.				Ortman F. Home 9222 Lackland									

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 \_\_\_\_\_

*X*  
.....  
working under my personal supervision.

Student Embalmer No.....

Signed Al C Ostmann

Signed.....  
Student Embalmer

Licensed Embalmer No. 3478

9 P.M.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.