

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23146

State File No.

FILED 39756
JUN 20 1953

5464

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> c. LENGTH OF STAY (in this place) <u>12 hrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DePaul Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>3046 Crown Point</u> d. STREET ADDRESS (If rural, give location) <u>1949 Crown Point</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Kathryn</u> c. (Last) <u>Schulte</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 3, 1953.</u>									
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>May 31, 1953.</u>								
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>										10. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	
11. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>									
13a. FATHER'S NAME <u>Robert C. Schulte</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Kathrine Rottmann</u>									
14. NAME OF HUSBAND OR WIFE <u>Single</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert C. Schulte, St. Louis Co. 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Atelectasis</u> ANTECEDENT CAUSES DUE TO (b) <u>Prematurity - Hemorrhagic infection</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ 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 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)									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>									
21f. HOW DID INJURY OCCUR?		<u>7625</u>									
22. I hereby certify that I attended the deceased from <u>May 31, 1953, to June 1, 1953,</u> that I last saw the deceased alive on <u>June 1, 1953,</u> and that death occurred at <u>423 St. Louis</u> from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>M. D. Birdan</u>		23b. ADDRESS <u>Sister Berg</u>									
23c. DATE SIGNED <u>6-1-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>									
24b. DATE <u>6/2/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>									
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Chapel, Ferguson, Mo</u>									
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>JUN 1 1953</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Chapel, Ferguson, Mo</u>									

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

300
48

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
Student Embalmer

Student Embalmer No. _____

Signed _____

Licensed Embalmer No. 2973

P. O. Address Herquim, Ce

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

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