

FILED AUG 23 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 29426

BIRTH NO. _____		REG. DIST. NO. <u>717</u>		PRIMARY REG. DIST. NO. <u>590</u>		Registrar's No. <u>1950</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>St. Louis</u>		b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Brentwood</u> )		c. LENGTH OF STAY (in this place) <u>16 months</u>		c. CITY OR TOWN <u>Brentwood</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gouldworth Home</u>				e. STREET ADDRESS (If rural, give location) <u>2900 Brentwood Blvd.</u>			
3. NAME OF DECEASED		a. (First) <u>Pauline</u>		b. (Middle) <u>Catharine Louise</u>		c. (Last) <u>Schulte</u>	
(Type or Print)		4. DATE OF DEATH		(Month) (Day) (Year)		<u>Aug. 5, 1954</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 2, 1875</u>	
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis County, Mo.</u>	
11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Phil Litzsinger</u>		13b. MOTHER'S MAIDEN NAME <u>Johanna Crecelius</u>	
14. NAME OF HUSBAND OR WIFE <u>Struve Schulte</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>Roy Schulte, 8835 Powell, Brentwood,</u>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)  *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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac dilatation</u>				<u>1 day</u>	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Chronic Myocarditis</u> <u>7 yrs</u>	
		DUE TO (c) <u>Generalized arteriosclerosis</u> <u>2 yrs</u>					
		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 <u>4221</u>				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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10-1</u> , 19 <u>54</u> , to <u>8/5</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>8/5</u> , 19 <u>54</u> , and that death occurred at <u>7:50</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>R. A. Shesler M.D.</u>				23b. ADDRESS <u>Kirkwood, Mo.</u>		23c. DATE SIGNED <u>8/6/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/9/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kirkwood, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8/7/54</u>		REGISTRAR'S SIGNATURE <u>Wesley R. Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Bopp, Inc.</u>		ADDRESS <u>Kirkwood Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

#201 X

✓ 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.....  
Signature of Student Embalmer

Signed *Dell C. Dranson*.....

Licensed Embalmer No. *476*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.