

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32181**
7495

FILED SEP 16 1954

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

| | | | |
|---|--|--|----------------------------------|
| 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) St. Louis | | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN St. Louis |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3516A Blair Avenue | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| e. STREET ADDRESS (If rural, give location) 3516A Blair Avenue 7226 | | | |

| | | | | |
|--|-------------------------|-------------|--------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) ANTON | b. (Middle) | c. (Last) SCHULTE | 4. DATE OF DEATH (Month) (Day) (Year) Aug. 12, 1954 |
|--|-------------------------|-------------|--------------------------|---|

| | | | | | | | |
|--------------------|-------------------------------|---|---------------------------------------|---|---------------------|------------------|---|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Sept 12, 1891 | 9. AGE (In years last birthday) 62 | 10. MONTH 11 | 11. DAY 0 | 12. CITIZEN OF WHAT COUNTRY? USA |
|--------------------|-------------------------------|---|---------------------------------------|---|---------------------|------------------|---|

| | | | |
|--|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dairy Salesman | 10b. KIND OF BUSINESS OR INDUSTRY St. Louis Dairy | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
|--|---|---|---|

| | | |
|---|--|---|
| 13a. FATHER'S NAME Herman Schulte | 13b. MOTHER'S MAIDEN NAME Elizabeth Schuermann | 14. NAME OF HUSBAND OR WIFE Adele Keuters |
|---|--|---|

| | | | |
|---|---|--|------------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. 492-07-8476 | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Adele Schulte | ADDRESS 3516A Blair Ave. |
|---|---|--|------------------------------------|

| | | | |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease | | |
| | ANTECEDENT CAUSES | | |
| | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | |
| | DUE TO (b) _____ | | |
| | DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS | | |
| | Conditions contributing to the death but not related to the disease or condition causing death. none | | |

| | | |
|---------------------------------------|---|---|
| 19a. DATE OF OPERATION none | 19b. MAJOR FINDINGS OF OPERATION none | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|---------------------------------------|---|---|

| | | |
|--|--|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) none | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201 |
|--|--|--|

| | | |
|---|--|----------------------------|
| 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 **7/18/54** to **8/12/54**, that I last saw the deceased alive on **8/12/54**, and that death occurred at **1:30 A.M.**, from the causes and on the date stated above.

| | | | |
|---|-------------------|--|------------------------------------|
| 23a. SIGNATURE John D. Lakes M.D. | (Degree or title) | 23b. ADDRESS 5720 E. Euclid, St. Louis, Mo. 63115-5211 | 23c. DATE SIGNED 8/15/54 |
|---|-------------------|--|------------------------------------|

| | | | |
|--|---------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Aug 14 1954 | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri |
|--|---------------------------------|---|---|

| | | | |
|--|---|---|-------------------------------------|
| DATE REC'D BY LOCAL REG. AUG 13 1954 | REGISTRAR'S SIGNATURE Carl Smith M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE Bromschwig and Son | ADDRESS 4746 W Florissant |
|--|---|---|-------------------------------------|

WRITE PLAINLY—USING UNFAADING 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.....
Signature of Student Embalmer

Signed *John S. Denne*.....
Licensed Embalmer No. *489*
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.