

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31466**
Registrar's No. **7859**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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|---|--|--|---|
| 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) OR TOWN ST. LOUIS | | c. CITY OR TOWN St. Louis | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL. | | e. STREET ADDRESS (If rural, give location) 12 5126 Delmar Blvd. | 21290 |

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|--|-----------------------------------|--|--|---|
| 3. NAME OF DECEASED (Type or Print) HOMER | a. (First) | b. (Middle) | c. (Last) SCHULTE | 4. DATE OF DEATH (Month) (Day) (Year) SEPT. 6, 1955 |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH May 21, 1903 | 9. AGE (In years last birthday) 52 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Civil Service Employee | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Evansville, Indiana | 12. CITIZEN OF WHAT COUNTRY? USA | |

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| 13a. FATHER'S NAME Fred Schulte | 13b. MOTHER'S MAIDEN NAME Catherine Frick | 14. NAME OF HUSBAND OR WIFE Mary |
| 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. 319-07-4413 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph F. Gambino 1132 Redmond Blvd. |

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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bacterial pneumonia | | 2 day |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Unknown Organism DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Thrombosis | | | 3 day |

| | | |
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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 491x | 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 **9-3-** **1955**, to **SEPT. 6, 1955**, that I last saw the deceased alive on **9-6-55**, 19___, and that death occurred at **6:45 A.** m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) James W. Hurley MD | 23b. ADDRESS 1515 LAFAYETTE AVE. | 23c. DATE SIGNED 9-6-55 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 9-8-55 | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery |
| 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri | | |

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|---|---|---|
| DATE REC'D BY LOCAL REG. SEP 7 1955 | REGISTRAR'S SIGNATURE Carl Smith MD | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bull-Campbell Mortuary 5165 Delmar Blvd. |
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WRITE PLAINLY—USING UNFADING 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 *Earl Morris*.....

Licensed Embalmer No. *336*

P. O. Address *605 Boone
Lemay 23*

(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.