

FILED APR 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11393

State File No.

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2300**

1. PLACE OF DEATH a. COUNTY <i>Mo. Pacific Hospital</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY	
b. CITY OR TOWN <i>St. Louis Mo</i>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <i>St Louis</i>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mo. Pacific Hospital</i>		e. STREET ADDRESS (If rural, give location) <i>1327 Kraft Ave</i>	
3. NAME OF DECEASED a. (First) <i>Mrs Sophia</i> b. (Middle) <i>Alvina</i> c. (Last) <i>Schulte</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Mar. 3, 1956</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Jan 13, 1892</i>
9. AGE (In years last birthday) <i>64</i>		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>St. Louis, Missouri</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>		13a. FATHER'S NAME <i>Leo Reindl</i>	
13b. MOTHER'S MAIDEN NAME <i>Augusta Petersen</i>		14. NAME OF HUSBAND OR WIFE <i>Husband Joseph Schulte</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Joseph C. Schulte</i>		ADDRESS <i>1327 Kraft Ave.</i>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Abdominal Carcinomatosis</i> <i>Abdominal carcinomatosis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Carcinoma of colon</i> <i>Carcinoma of colon</i> 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 <i>June 1955</i>		19b. MAJOR FINDINGS OF OPERATION <i>Carcinoma of colon</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <i>6 mo.</i> <i>May 1955</i>	
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) (Min)	
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 <i>Nov 11, 1954</i> to <i>Mar 3, 1956</i> , that I last saw the deceased alive on <i>May 3, 1956</i> and that death occurred at <i>5:20 A.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Lee B. Harrison</i> (Degree or title) <i>M.D.</i>		23b. ADDRESS <i>607 No. Grand</i>	
23c. DATE SIGNED <i>3-3-56</i>		24. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24b. DATE <i>3-6-56</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>	
DATE REC'D BY LOCAL REG. <i>MAR 5 1956</i>		REGISTRAR'S SIGNATURE <i>J. Caldwell Smith MD</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Drehmann-Harral</i>		ADDRESS <i>1905 Union Blvd.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

by me, or by Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed *Warren G. Casner*.....

Licensed Embalmer No. *35*.....

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**.
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.