

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18621

State File No. ....

FILED MAY 25 1956

318

1003

Registrar's No. 4078

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		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) OR TOWN ST LOUIS,		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN ST LOUIS,		d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6th NAD BIDDLE				e. STREET ADDRESS (If rural, give location) 10 3858 a PENROSE ST. 2100																			
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) H. c. (Last) SCHULTE			4. DATE OF DEATH (Month) (Day) (Year) APRIL 22, 1956																				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH FEB, 22, 1890																	
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED WAREHOUSEMAN		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) ST LOUIS MISSOURI																	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME HERMAN SCHULTE		13b. MOTHER'S MAIDEN NAME ELIZABETH BRAND		14. NAME OF HUSBAND/OR WIFE MINNIE SCHULTE																	
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. # 488-01-9172		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MINNIE SCHULTE 3858 a PENROSE ST.																			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>																							
<table border="1"> <tr> <td colspan="2">I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</td> <td colspan="4">MEDICAL CERTIFICATION Fracture of Skull; Subarachnoid Hemorrhage of the Brain; suffered when car apparently went out of control striking deceased spinning him against wall of St. Patrick's Church, 75ft west of 6th Str., on Biddle Str., on April 22, 1956.</td> <td colspan="2">INTERVAL BETWEEN ONSET AND DEATH</td> </tr> <tr> <td colspan="2">II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death, not related to the disease or condition directly causing death.</td> <td colspan="4">Car about 150 mph. Car operated by Blanche Curtis.</td> <td colspan="2">YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></td> </tr> </table>								I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		MEDICAL CERTIFICATION Fracture of Skull; Subarachnoid Hemorrhage of the Brain; suffered when car apparently went out of control striking deceased spinning him against wall of St. Patrick's Church, 75ft west of 6th Str., on Biddle Str., on April 22, 1956.				INTERVAL BETWEEN ONSET AND DEATH		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death, not related to the disease or condition directly causing death.		Car about 150 mph. Car operated by Blanche Curtis.				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____																					
21a. ACCIDENT (Specify) HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo.		21f. HOW DID INJURY OCCUR? 812.4																	
21d. TIME OF INJURY Apr 22 56 1:30 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased (live) on _____, 19____, and that death occurred at 1546 m., from the causes and on the date stated above.																			
23a. SIGNATURE [Signature]		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 4/25/56																			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4/25/56		24c. NAME OF CEMETERY OR CREMATORY GILVARY CEMETERY		24d. LOCATION (City, town, or county) (State) ST LOUIS MISSOURI																	
DATE REC'D BY LOCAL REG. APR 25 1956		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE AV																			

(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 embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *M. W. Rueter*.....

Licensed Embalmer No. *486*

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.