

39788

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 26 1956

318

1003

Registrar's No. 8973

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 8973	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
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 Richmond Heights		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital				e. STREET ADDRESS (If rural, give location) 7410 Dale Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) FRANK		b. (Middle) JOHN		c. (Last) SCHUSTER		4. DATE OF DEATH (Month) (Day) (Year) 10 1 56	
5. SEX 0 male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH March 31, 1875	
9. AGE (in years last birthday) 81		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) retired electrician		10b. KIND OF BUSINESS OR INDUSTRY Scullen Steel Co.		11. BIRTHPLACE (City and State or Foreign Country) 4 Germany		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME August Schuster		13b. MOTHER'S MAIDEN NAME Unknown-		14. NAME OF HUSBAND OR WIFE Anna Schuster			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes-Spanish American War		16. SOCIAL SECURITY NO. 486-16-9052		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Anna Schuster-7410 Dale Avenue			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis ANTECEDENT CAUSES DUE TO (b) arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerotic heart disease				INTERVAL BETWEEN ONSET AND DEATH 10 days - years years	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 332x				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 3/7 1956, to 10/1 1956, that I last saw the deceased alive on 9/30 1956, and that death occurred at 8A: m., from the causes and on the date stated above.							
23a. SIGNATURE Robert Davis		(Degree or title) M.D.		23b. ADDRESS 3720 Washington		23c. DATE SIGNED 10/1/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 10-3-56		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REG. OCT 1 1956		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. Lupton & Sons, 7233 Delmar Blv'd.			

m & B.

(Licensed Embalmer's Statement on Reverse Side)

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

100 100

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..... *Clarence H. Murray*

Licensed Embalmer No. *401*

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.