

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43836
12057

FILED JAN 15 1957

Registration District No. 318 Primary Registration District No. 1003

STATE FILE NUMBER

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 2914 Barrett Street		Length of stay in lb years 2 1/2		d. STREET ADDRESS (If outside, give location) 2914 Barrett Street	
3. NAME OF DECEASED (Type or print) Charles		First Charles Middle F Last Schueller		4. DATE OF DEATH Dec 31 1956	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 7, 1875	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Letter Carrier (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Post Office Dept		9. AGE (In years last birthday) 81	
11. BIRTHPLACE (City and state or country) Hollow, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		IF UNDER 1 YEAR Months Days Hours Min.	
13. FATHER'S NAME William Schueller		14. MOTHER'S MAIDEN NAME Caroline Rahm			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NONE		16. SOCIAL SECURITY NO. unknown		17. INFORMANT Address Mrs. Lena Schueller, 2914 Barrett St	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma Rectum Metastases to liver Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 154X DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH 18 mo.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 5-11-56 to 12-31-56 and last saw ^{her} him alive on 12/30/56 Death occurred at 12:55 AM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Burnett J. J. J. J.		22b. ADDRESS 607 N. Grand Blvd		22c. DATE SIGNED 12-31-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan 3 1957		23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	
23d. LOCATION (City, town, or county) (State) St. Louis, Missouri					
24. FUNERAL DIRECTOR ADDRESS Math Hermann & Son, Inc., 2161 E. Fair		25. DATE REC'D BY LOCAL REG. DEC 31 1956		26. REGISTRAR'S SIGNATURE J. Carl Smith M.D. S.P.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be tabulated separately

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.....
Chas W. Wat

Licensed Embalmer No. *3*

P. O. Address *St Louis*

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.