

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

No. 300
10.48

FILED FEB 25 1957

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1175**

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo.** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis, Mo.** c. LENGTH OF STAY (in this place) **29 days**
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **St. Lukes Hospital**
e. STREET ADDRESS (If rural, give location) **5356 Page Blvd.**

3. NAME OF DECEASED (Type or Print) a. (First) **Milford** b. (Middle) **G.** c. (Last) **Schacht**
4. DATE OF DEATH (Month) (Day) (Year) **2 3 57**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**
8. DATE OF BIRTH **Jan. 2, 1895** 9. AGE (In years last birthday) **62** 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) **Elevator Operator**
10b. KIND OF BUSINESS OR INDUSTRY **Hotel**
11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Mo.**
12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Charles Schacht** 13b. MOTHER'S MAIDEN NAME **Annie Gadd** 14. NAME OF HUSBAND/OR WIFE **Beulah B. Schacht**

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. **498-01-4998** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. Beulah B. Schacht, 5356 Page**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Arteriosclerotic Heart Disease**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) **420'0**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Bilateral Pulmonary Infarcts**
INTERVAL BETWEEN ONSET AND DEATH **2 years**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **June 11, 1955**, to **Feb. 3, 1957**, that I last saw the deceased alive on **Feb. 3, 1957**, and that death occurred at **3:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Hiram L. Hugg** M.D. 23b. ADDRESS **3720 Washington Blvd** 23c. DATE SIGNED **Feb. 5, 1957**

24a. BURIAL, CREMATION, REMOVAL (Specify) **removal** 24b. DATE **2/6/57** 24c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cem.** 24d. LOCATION (City, town, or county) (State) **St. Louis County Mo.**

DATE REC'D BY LOCAL REG. **FEB 5 57** REGISTRAR'S SIGNATURE **J. Carl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Drehmann-Harral 1905 Union**

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Hiram S. Liggett
3720 Washington
Je. 3-1551

Hrs. Mon. 3-4 Tues. 2-4

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 *Warren A. Carver*

Licensed Embalmer No. *353*

P. O. Address

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.