

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 20 1957

State File No. 19273

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 4144
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		a. STATE Missouri b. COUNTY St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		c. CITY OR TOWN Creve Coeur		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or Print)		e. STREET ADDRESS (If rural, give location)		4. DATE OF DEATH (Month) (Day) (Year)
a. (First) Walter	b. (Middle) Julius	c. (Last) Schulte	27 1093-N-Lindbergh St. Louis-14	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED	8. DATE OF BIRTH Nov. 10, 1895	9. AGE (In years last birthday) 61
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY McDonnell Corp		11. BIRTHPLACE (City and State or Foreign Country) Maryland Heights, Mo.
13a. FATHER'S NAME William Schulte		13b. MOTHER'S MAIDEN NAME Wilhelmine Weidag		12. CITIZEN OF WHAT COUNTRY? U.S.A
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 495-12-8093		14. NAME OF HUSBAND OR WIFE Theresa K. Schulte
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		17. INFORMANT'S SIGNATURE OR NAME Theresa K. Schulte		ADDRESS St. Louis-14-Mo.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 9 hours
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		15 months
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Coronary Sclerosis		
		DUE TO (c) Angina Pectoris		
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		420.1
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 March 15, 1956, to April 29, 1957, that I last saw the deceased alive on April 29, 1957, and that death occurred at 11:55 A.M., from the causes and on the date stated above.				
23a. SIGNATURE Walter R. Hewitt, MD		23b. ADDRESS 7649 Delmar		23c. DATE SIGNED April 30, 1957
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-2-1957		24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery
24d. LOCATION (City, town, or county) St. Ann, Mo.		24e. DATE		
DATE REC'D BY LOCAL MAY 1 '57		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Raymond Baumann
		ADDRESS 504 Woodson Rd - Overland, Mo.		

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 *David C. Gibson*.....

Licensed Embalmer No. *345*

P. O. Address *Portland*.....

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.