

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **19715**
Registrar's No. **1260**

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

FILED JUN 10 1957

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY St. Louis	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Creve Coeur	a. STATE Missouri	b. COUNTY St. Louis
c. LENGTH OF STAY (in this place) 6 yrs.		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"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 15 Tealwood		e. STREET ADDRESS (If rural, give location) 15 Tealwood	

3. NAME OF DECEASED (Type or Print)	a. (First) CAROLINE	b. (Middle) K.	c. (Last) SCHULTES	4. DATE OF DEATH (Month) (Day) (Year) May 17, 1957
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 27, 1875	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 8	IF UNDER 2 HRS. Hours 20
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Never Worked	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME ? Dengler	13b. MOTHER'S MAIDEN NAME Katherine Winkler	14. NAME OF HUSBAND OR WIFE Edward J. Schultes
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Caroline Schwartz	ADDRESS 15 Tealwood St. Louis 24
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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		INTERVAL BETWEEN ONSET AND DEATH 1 yr plus.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIO SCLEROTIC HEART DISEASE		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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? 0 YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) 4200
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3-9-57, 19__ to 5-17, 1957, that I last saw the deceased alive on 4-29, 1957, and that death occurred at 9 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Herbert A. Dombek</i>	(Degree or title) M.D.	23b. ADDRESS 35 N. Central, Clayton 5, Mo.	23c. DATE SIGNED 5-17-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 5/17/57	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REG. 5-17-57	REGISTRAR'S SIGNATURE <i>Herbert A. Dombek</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Louis H. Ross</i>	ADDRESS <i>Mc. Kirkwood</i>
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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 *Frederic J. Wyland Jr.*
Licensed Embalmer No. 4512

P. O. Address *Richmond*

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.