No. 300
10.48

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

FILED JUL 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 022877

State File No. 5857

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis
c. LENGTH OF STAY (in this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 14 Jewish Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 17 7 2611 Arkansas Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Frank b. (Middle) P. c. (Last) Schuh

4. DATE OF DEATH (Month) June (Day) 21 (Year) 1957

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Oct. 3 1888

9. AGE (In years last birthday) 68 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) Sales Manager

10b. KIND OF BUSINESS OR INDUSTRY Drugs

11. BIRTHPLACE (City and State or Foreign Country) Charleston Mo.

12. CITIZEN OF WHAT COUNTRY? U?S.A.

13a. FATHER'S NAME Franklin G. Schuh

13b. MOTHER'S MAIDEN NAME Not Known

14. NAME OF HUSBAND OR WIFE Annabelle Schuh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 492 03 2536

17. INFORMANT'S SIGNATURE OR NAME Annabelle Schuh **ADDRESS** 2611 Arkansas Ave

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) adenocarcinoma prostate — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) 177 X

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Anemia due to hemorrhage

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) m.

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* 9-7-, 19 55, *to* 6-22, 19 57, *that I last saw the deceased alive on* 6-21, 19 57 *and that death occurred* 7:30a. *m., from the causes and on the date stated above.*

23a. SIGNATURE Melvin L. Bolaman (Degree or title) M.D.

23b. ADDRESS 634 N. Grand

23c. DATE SIGNED 6-24-57

24a. BURIAL, CREMATION, REMOVAL (Specify) removal

24b. DATE 6/25/57

24c. NAME OF CEMETERY OR CREMATORY Sunset Cemetery

24d. LOCATION (City, town, or county) St. Louis County (State) Mo.

DATE REC'D BY LOCAL REG. JUN 24 '57

REGISTRAR'S SIGNATURE J. Earl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE Buchholz **ADDRESS** Mortuary 5967 W. Florissant

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wilfred F. Buchho

Licensed Embalmer No. 45

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.